

Recommendations From SNAP Participants to Improve Wages and End Stigma

We present views of the Supplemental Nutrition Assistance Program (SNAP) from the perspective of participants. We are SNAP participants and academic researchers who have worked together for 11 years to understand, explain, and address food insecurity.

SNAP is ensnared in much larger problems in US society related to the stigmatization of people who are poor and a lack of appreciation for the value and skills of their work. We encourage the public health community to think beyond SNAP, focus more assertively on wages and work supports, and replace our means-tested safety net with a new system of universal income that promotes equity, inclusion, and health for all.

Although we offer recommendations to improve SNAP, the goal of most SNAP recipients has always been to move beyond the need for this program. The public health community can take the lead in finding more egalitarian, dignified, and effective ways to address poverty and food insecurity. (*Am J Public Health*. 2019;109:1664–1667. doi:10.2105/AJPH.2019.305362)

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See also the *AJPH* Supplemental Nutrition Assistance Program section, pp. 1631–1677.

We present views of the Supplemental Nutrition Assistance Program (SNAP) from the perspective of participants. We are SNAP participants and academic researchers who have worked together for 11 years to understand, explain, and address food insecurity.¹ We met through the participatory action program Witnesses to Hunger, which seeks to ensure that through photo exhibits, testimonies, and public engagement, people who experience hunger firsthand actively participate in the national dialogue about how to improve food assistance policy and health. We (T. G.-T. and J. C. S.) draw on our own experiences with SNAP, descriptions of the experiences of other people described in research studies carried out by M. C. and her team, and testimonies available from the National Commission on Hunger.² As in our previous shared publications,^{1,3,4} we are responding to international calls for ensuring that experts with lived experiences take a lead in developing solutions to food insecurity.⁵ In this commentary, we use “we” to indicate our shared agreement about the ideas presented here. When we quote T. G.-T. or J. C. S. directly, it is to share their insight or to clarify a point. We use other quotations from studies by M. C. et al. and from individuals who provided testimony at hearings held by the National Commission on Hunger in 2014 and 2015.

Most SNAP research focuses on the health and economic

benefits of SNAP without attending to larger societal factors related to inequality. But most SNAP participants would prefer to have their own money for food and not rely on nutrition assistance.

These two types of expertise—insight gained from research and wisdom from lived experience—converge on three important facets of SNAP. First, it is well established that SNAP reduces household food insecurity and promotes health.^{6,7} In agreement, T. G.-T., notes, “SNAP helps me put quality, healthy meals on the table. I can choose foods at my own liberty. This is important because my children have life-threatening health issues that demand specific nutritional supports.” Second, the SNAP benefit calculation does not adequately capture the cost of a healthy diet and does not account for true costs of living—including housing, transportation, and childcare—causing people to rely on low-quality foods, which may negatively affect their health.^{8–10} Finally, experts of both persuasions recognize that when participants earn a small amount of money over the SNAP eligibility limit, they may be dropped from the program, which can create

risks for food insecurity, increased stress, poor health, and health care tradeoffs.^{3,11–13}

GOING BEYOND SNAP

Clearly, SNAP is an important public health support that needs improvement. Attention focused solely on this program, however, distracts attention from the central issues most important to SNAP participants. SNAP contributes to the larger problems of the stigmatization of people who are poor, the devaluation of work and family, and poorly designed public assistance. These problems create health challenges and make SNAP a flashpoint of contradiction. SNAP can promote health, yet, simultaneously, its administration can cause food insecurity, stress, and poor health.

Stigmatization of SNAP Participants

People who earn low wages and participate in SNAP recognize that they are devalued by our society. They feel judged by elected leaders, the press, people in grocery stores waiting behind them in line, and

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grocery store cashier clerks. Feeling judged and devalued was one of the most often reported challenges among participants in studies by Chilton et al.^{12,14} As T. G.-T. notes, “We still have people in government that look at me and my family as if we’re ‘other’ people. It is if we don’t count, as if we don’t deserve things as everyone else.”

In M. C.’s qualitative interviews related to food insecurity and poverty, a feeling of mistreatment and judgment by society was also attributed to SNAP caseworkers. Interactions at the county assistance offices where people apply for SNAP were described as stressful, humiliating, and a devaluation of people’s time. As well, SNAP participants questioned the competence of the caseworkers and the viability of SNAP administration.¹² In a study among women who used food pantries,¹⁵ a SNAP participant described her experience this way:

When I was reapplying for food stamps, I remembered how I was made to feel. Because of my working schedule I would have to take off for the day or try to get out early, which, of course, wasn’t good workwise. I just felt demeaned. Because, yes, I turned in my pay stubs regularly. But they would lose my paperwork! They’d make me go back to the office again and again.

Additionally, SNAP participants explained that caseworkers “act as if it is their own money” they are giving out.¹² J. C. S. further describes this attitude:

The county assistance office is ridiculous. Crowded. Slow. By the time you get seen, they’ve got an attitude, and they’re taking it out on you. Or, they ask so many questions. One lady asked me how I was making it work with no income. I told her, “I pick up pennies. I do things. I shouldn’t have to explain every detail.”

She glosses over the other strategies she and other families

use: asking friends and family for support (which is not always a viable option and can be risky to precarious relationships and personal safety), working under the table, selling possessions, or adopting risky behaviors.³ We are cognizant that if we describe these in detail, readers may further stigmatize SNAP recipients. Other researchers have also described these coping strategies and negative experiences with caseworkers.^{16,17}

Devaluing Work and Family

More than two thirds of all SNAP participants are children, elderly, or disabled. Among SNAP participants who can work, more than 50% had worked in the same month they applied for SNAP, and 74% worked within the year they applied.¹⁸ In M. C.’s studies, most recipients without significant disabilities insisted that SNAP was a temporary support that would carry them through to a time when they might find a better job. But it seemed that no matter how much someone worked, their wages remained low and they were unable to patch together or coordinate other resources, such as Medicaid and housing assistance.^{1,13,14} SNAP participants who worked part time wanted to be working full time, but they worried that if they made more money by working overtime, they would lose SNAP benefits. Imani Sullivan, a member of Witnesses to Hunger, described this dynamic when she took this photograph on her way to work overtime at her janitorial job (Figure 1).

When families weigh their options in paying for food, they also see how corporations benefit from both SNAP and low wages. For instance, they understand



Source. Photo and description by Imani S., Witnesses to Hunger.

Note. “I was on my way to an overtime job. They had called me to work there for one day. So, I was walking past City Hall and thinking to myself, ‘Well, if I go into work this one extra day, are they going to cut my food stamps off? Was I going to get cut off again?’ I really didn’t know what to do. What can the city do to help us stay on the food stamp program when we do extra work? I don’t think it’s fair for us to get reprimanded for doing something positive.”

FIGURE 1—City Hall, Philadelphia, PA

that the grocery industry supports advocacy for SNAP because SNAP recipients shop at their stores and contribute to grocers’ income and profits.¹⁹ SNAP also supplements low wages prevalent in the service industry. They see how corporations and industries that pay low wages rely on the US government to supplement wages through SNAP and other publicly funded supports and view this as corporate dependency on the US government. Public officials, however, portray people who are poor as the ones who are dependent. Refusal by large companies to pay wages that adequately value skills, expertise, and the right of employees to meet basic needs, forces parents into applying for SNAP benefits.

During the 2014 to 2015 hearings on the National Commission on Hunger, numerous people testified about unpredictable work hours and lack of corporate responsibility to make full-time work, sick leave, and health insurance available.² Researchers also find that low

wages and income volatility are associated with food insecurity.²⁰ Despite this evidence, SNAP participants get blamed for relying on public funds, whereas companies and the rest of society appear blameless.²¹

Meeting the cost of food through better wages is not our only concern. Sick leave and family leave should be considered major supports that promote health. In an early Witnesses to Hunger interview, T. G.-T. explained:

When one child is sick, someone has to go to the hospital with the child while the other parent has to stay home to take care of the other children. But when there’s no sick leave, then the parents lose wages. They have to choose, “Am I going to pay the rent, or the light bill?”¹²

With paid sick leave, families can care for their children without becoming even more poor because of child illness.

When T. G.-T. gave birth recently, her job provided leave without salary. Her husband works at a large pharmaceutical

company, but he still had to use up all his sick time and vacation days to help during the first few weeks after the baby's birth.

T. G.-T. describes how stressful it is to be nursing a newborn baby while taking care of her other children. On top of the stress this might cause any family, trying to manage administrative reporting requirements of uncoordinated public supports and paying for food out of pocket makes everyday tasks much harder for people who are poor. She explains, "People cannot be expected to have brain space to attend to every detail of SNAP recertification and eligibility requirements." Behavioral economists call this an overload on executive functioning attributable to scarcity.²² We assert that this scarcity is generated in US society by devaluing others, low wages, and poorly designed public assistance.

Poorly Designed Public Assistance

SNAP administration and benefit calculations are discussed by Keith-Jennings et al. in this issue (p. 1636). Research shows that the SNAP benefit allotment is not based on the cost of healthy food and does not account for the true cost of living.² Additionally, SNAP administration does not adjust to the speed of people's income volatility. As an example, if people receive a minor wage increase, they must promptly report it with evidence on a pay stub, and as a result may immediately lose SNAP benefits. If people take a seasonal job, or people lose jobs because they had to take care of a sick child and could not show up for work, they are required to apply for assistance again and supply evidence through pay stubs or lack thereof.¹¹ To cope with suddenly

not having enough money for food, families may rely on low-quality meals; they may have cereal for every meal for several days, skip meals, or make tradeoffs between buying medicine and buying food. Parents may sometimes send their children to bed early without dinner, with the hope that the kids will make it to morning without suffering. Finally, when SNAP eligibility criteria do not adapt to inevitable short-term income fluctuations, people cannot easily decide to take a new job or accept a raise.

Given the complex burdens that SNAP participants experience because of poorly designed program administration, it appears to many SNAP participants that SNAP is deliberately designed to keep people alive but poorly nourished, still poor, and, in some cases, desperately poor.

POLICY RECOMMENDATIONS

Despite decades of research showing that poverty is a primary driver of poor health, few public health leaders focus on increasing people's incomes through living wages and family-centric labor laws. We encourage the public health community to change course by following through on these recommendations.

Advocate for Fair Labor Policies

Public health professionals should focus on enacting living wage policies, supporting family leave, and increasing equity in labor laws. Just as sanitation was touted as a great public health achievement, fair labor laws that are family-centric should be the next great public health achievement. In 2016, the American Public Health

Association made a strong case for this.²³

Promote Universal Basic Income

Much expertise, energy, and money are spent on administering programs, such as SNAP, that are based on means testing. A means test allows the US government and society to treat people as if some are deserving and others are not. It allows stigmatizing language and discriminatory action to stay woven into public assistance systems. Universal basic income programs that guarantee enough money to meet basic needs for every citizen—without a means test—value everyone equally. In the 1970s, the White House seriously considered such a program, and interest in universal basic income has been growing in the United States and Europe. Research on efforts in Canada, Finland, and other locales shows that a universal basic income can have positive influences on reducing depression and improving well-being²⁴ and does not affect employment rates.²⁵

Improve SNAP

Our recommendations to improve SNAP (described below) are similar to those in the bipartisan National Commission on Hunger report.²

Promote a different SNAP benefit calculation. The SNAP Thrifty Food Plan does not cover the true cost of food. The US Department of Agriculture should adopt the Low Cost Food Plan to calculate benefits. Other recalculations should remove the housing cap and use the median cost of housing at the county level to account for variability in housing costs. Finally, penalties for a live-in partner's income should be reconsidered to avoid

discouraging honesty in reporting.

Lengthen recertification duration and do not require interim proof of income. SNAP participants should not be discouraged from taking on more hours at work, getting a better paying job, or accepting a raise because of fear of losing SNAP benefits. Families need time to transition to better paying work; it may be temporary or require help with transportation, uniforms, or training, for example.

Promote universal access to summer electronic benefit transfer for families with children. Access to summer meals is not universally available and is inconsistent throughout summer. Research shows that summer electronic benefit transfer, which provides \$30 per summer month per child, reduces food insecurity by 30%.²

Improve caseworker professionalism. Caseworkers are government employees who work for the public. Caseworker professionalism may be a form of customer service, but SNAP participants are not customers; they are taxpayers. SNAP participants pay taxes to ensure that people who did not get their fair share in wages or otherwise cannot meet basic needs and access the support they deserve. SNAP is an entitlement not a business exchange.

CONCLUSIONS

SNAP is ensnared in larger problems in the United States related to the stigmatization of people who are poor and a lack of appreciation for the value of workers. We encourage professionals to focus more assertively on wages and work supports and to replace means-tested public assistance programs with a system of

universal income that promotes equity, inclusion, and health for all. Finally, although we offer recommendations for SNAP improvements, we want public health professionals to understand that as long as SNAP exists in its current form, participants cannot reach their full potential. The goal of most SNAP recipients who are not elderly or disabled has always been to move beyond the need for SNAP. The public health community can take the lead in finding more egalitarian, dignified, and effective ways to address poverty and food insecurity. **AJPH**

CONTRIBUTORS

T. Gaines-Turner and J. C. Simmons created the content, developed the outline, and helped write and edit the article. M. Chilton provided content and led the writing.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest.

HUMAN PARTICIPANT PROTECTION

Institutional review board approval was provided by Drexel University.

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