Incentive and Restriction in Combination—Make Food Assistance Healthier With Carrots and Sticks

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The Supplemental Nutrition Assistance Program (SNAP) is the largest federal food assistance program and a critical component of the social safety net. The primary purpose of SNAP is to alleviate hunger. A body of research indicates that the program succeeds in this key mission and may also help reduce poverty, improve birth outcomes, and improve general health and well-being.1 In light of the evidence that SNAP accomplishes what it was designed to do, it is reasonable to argue that the program’s resources should be protected and its regulations remain the same. In other words, if it’s not broken, don’t fix it.

Unfortunately, food insecurity is not the only food-related public health problem facing the nation. The increase in chronic diseases linked to poor nutrition, such as obesity, type 2 diabetes, hypertension, and heart disease pose a national threat. The reason this is relevant to SNAP, as noted by Harnack et al,2 is that low-income Americans are more likely to have nutritionally inadequate diets than higher income individuals. Therefore, programs designed to protect low-income people from food insecurity should be structured to simultaneously promote nutrient-dense diets.

Indeed, in the past few years the federal government has made tremendous strides updating its antihunger programs to reflect key messages in the Dietary Guidelines. The Women, Infant, and Children’s Program published updated nutrition standards, and the 2010 Healthy Hunger-Free Kids Act required the US Department of Agriculture (USDA) to update nutrition standards for schools and child care. All of the updated regulations promote fruits, vegetables, low-fat dairy, and whole grains and none of these programs reimburse sugary drinks or candy.

It should come as no surprise that nutrition advocates have been looking at SNAP and asking how it can be improved to similarly support nutrition. As noted by Harnack et al,2 the debate about whether or not SNAP regulations should be changed to address nutrition has stirred substantial controversy. There have been several state requests for waivers that would allow restrictions on SNAP purchases based on nutrition, such as not permitting the purchase of sugary drinks with SNAP funds. The USDA has rejected all of them.

The USDA presents numerous reasons why it will not allow states to restrict choice in SNAP. The key arguments are: (a) there are no clear standards to define foods as healthy or unhealthy; (b) implementing food restrictions will increase program complexity and cost; (c) the restrictions may be ineffective in changing diets; and (d) SNAP is not associated with poor diet or obesity, and therefore participants should not be singled out.3 Proponents of updating SNAP have responded to each of these concerns and presented possible strategies to overcome the obstacles,4,5 but the advocates who oppose changing SNAP remain unconvinced. This suggests that there may be nuances to the debate that require closer attention.

First, I believe that the USDA’s decision to reject the waiver requests and the fierce opposition by antihunger advocates6 stems from the philosophical belief that it is unethical to limit the purchases of just 1 segment of society, in this case, low-income individuals. The action of restricting SNAP purchases without restricting purchases of nonparticipants insults the character of SNAP recipients. The implicit message is that poor people have less self-control than the rest of society and can’t be trusted to make the right dietary decisions. If progress is to be made, recipients must experience the proposed as helpful, not punishing.

A second complicating factor in this debate is politics. As Harnack et al2 note in the introduction, policymakers are interested in improving nutrition among low-income Americans. I think that public health advocates have incorrectly assumed that all of the policymakers who support limiting SNAP view it as another strategy to help people eat better. The reason is because this was likely true when New York City asked the USDA for permission to restrict SNAP purchases of sugary drinks. After all, the request came from a progressive administration known for banning trans fats and requiring calorie counts on restaurant menus. But, outside of New York City, most of the policymakers who are supportive of restricting options in SNAP are not politically progressive public health heroes. In contrast, most of them are conservatives who may cite obesity concerns as a talking point, but are more likely motivated by the belief that SNAP is a waste of government funds and that people who receive SNAP cannot be trusted to use this money wisely.7

At the federal level, Congress is rife with threats to cut SNAP, most prominently by House Speaker Paul Ryan.8 Despite data to the contrary, Ryan argues that SNAP participants are not employed, and that the program has problems with waste, fraud, and abuse. While researchers can respond to these false claims with the facts, it is important for public health researchers to appreciate how vulnerable SNAP funding is in the current political environment. Consequently, advocates are concerned that academics may be unwittingly fueling the anti-SNAP rhetoric by pointing out how much SNAP money is spent on soda or reinforcing the stereotype that low-income individuals aren’t willing to make the required effort to eat a nutritious diet. We must be careful when we advocate updating SNAP to avoid fueling criticism of the current program that could be misused to argue against funding the program.

A third obstacle in finding common ground on how to update SNAP has been the false dichotomy of incentives vs...
restrictions. The beauty of the article by Harnack et al is that it moved beyond the debate with an empirical study. The creative design mimicked the SNAP process and allowed the researchers to manipulate the different payment options to include incentives, limits, and incentives plus limits.

For several nutrition outcomes, the incentive plus restriction group exhibited significantly better outcomes than the control condition. Notably, the restriction-only group didn’t appear significantly different than the control group, with the exception of a significant decrease in overall calories. The incentive only group improved in terms of fruit consumption and surprisingly, sugar sweetened beverages, but looked the same in terms of discretionary calories and Healthy Eating Index scores. Taken together, these results suggest that the combination approach is the most effective.

The combination approach has the potential to move the discussion forward. It not only solves the problem of choosing between incentives and restrictions, but if the incentives provide a higher rate of benefits and the program is presented as an option to participants, it should also alleviate concerns about paternalism and condescension aimed at low-income Americans. Because there is pilot evidence that this strategy leads to meaningful improvements to diet, arguments that these changes won’t work should be alleviated.

The combination approach may not solve the political problem of policymakers who do not believe government has a role in ensuring everyone has enough healthy food to eat, especially if the changes lead to higher costs. This reinforces the importance of researchers and advocates who care about nutrition joining with those who care about food insecurity and working together to promote SNAP instead of at cross-purposes. We must find a way to work together toward our common goal of having a food assistance program that ensures that all Americans have adequate amounts of healthy food.

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Published Online: September 19, 2016. doi:10.1001/jamainternmed.2016.6104

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