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# SNAP: An evaluation of how families in a low socioeconomic bracket decide what to eat.

Kate-Marie Roycroft  
*University of Massachusetts Boston*

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2014

# SNAP: An Evaluation of How Families in a Low Socioeconomic Bracket Decide What to Eat



**Supplemental  
Nutrition  
Assistance  
Program**

Kate-Marie Roycroft  
University of Massachusetts Boston  
Capstone Spring 2014  
McCormack Graduate School of Policy  
Studies  
Advisor: Heather MacIndoe, Ph.D  
Course Advisor: Hsin-Ching Wu

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## Abstract

The purpose of this research paper is to look at the major factors that influence how SNAP recipients make decisions about food purchases. The secondary purpose of this paper is to touch upon whether or not SNAP recipients suffer disproportionately from food insecurity and obesity-related chronic diseases. Three sets of interviews helped to inform this study: interviews with employees at the Department of Transitional Assistance (DTA), interviews with researchers who have studied SNAP recipients extensively as part of their work, and interviews with nonprofit coordinators that work with SNAP recipients after they are approved for their benefits. Additional data was collected via a survey of SNAP recipients at food pantries in the city of Boston.

Results from the study show that there were four major themes that influence the food purchasing behavior of SNAP recipients. These themes include the cost of healthy foods, transportation and access to food stores, inadequate support services from the DTA, and finally SNAP recipients focus on surviving first and eating healthy second. Results also showed that while recipients suffer from some food insecurity it appears that they do not suffer at the same level they did before they received assistance. The results also showed that over half of SNAP recipients and their families did suffer from obesity and obesity-related chronic diseases, such as diabetes.

Through these findings, I recommend how Massachusetts can take both legislative and funding steps to mitigate factors that stand in the way of healthy food choices for SNAP recipients and decrease both the food insecurity that comes with them, as well as obesity and other chronic diseases associated with these factors.

These recommendations include an incentive pilot in Essex County that provides double the amount SNAP recipients spend on targeted fruits and vegetables, the DTA hiring more caseworkers to be able to provide a better experience for their clients, a DTA communication plan, and the passage of An Act to Expand Access to Healthy Foods. Taken together, these recommendations will help to mitigate the level of food insecurity that SNAP recipients suffer from due to cost, access, support, and survival needs.

## Introduction

Obesity is one of the most pressing social and health concerns in American society today. More than one third, 35.7%, of all American adults are obese (CDC), while 17% of youth ages 2-19 are obese (CDC). In Massachusetts, the number of obese adults is below the national average at 22.9% (CDC), but for youths ages 10-18 it increases to 30% (Massachusetts State Fact Sheet). Obesity related conditions include heart disease, stroke, type 2 diabetes, hypertension, and in some cases, cancer (CDC). These conditions have been on the rise, especially in low income minority communities for a numbers of years. Obesity disproportionally impacts low income communities for a number of reasons; concern for personal safety can act as a barrier to physical activity (Chang, Hillier, & Metah, 2009), the built environment is not conducive to play (Trasande et al., 2009), and there is a lack of healthy food available (DeMattia & Denney, 2008).

Obesity is not the only food related health problem that is plaguing low income communities. Food insecurity is a problem that is prevalent and, in some cases, even more deadly than obesity. Food insecurity is defined as a household that is uncertain of having, or unable to acquire, enough food for all members of the household due to insufficient money or other resources (Gunderson, 2008). It has also been defined as when some or all of the four pillars that define food security are missing; availability, utilization, stability, and security (Powledge, 2010). There is research suggesting that these two major health problems might be connected, specifically among women who have remained on long term food assistance (Larson & Story, 2010). Food assistance, of which the Supplemental Nutritional Assistance Program (SNAP) is part of, has been linked to both food insecurity and obesity (Larson & Story, 2010).

This paper will seek to explore these relationships and make public policy recommendations in order to assist individuals who qualify for food assistance in combating these health problems. Specifically, exploring the question: What factors influence the food purchasing behaviors of families receiving SNAP benefits?

In addition to trying to answer these questions, this paper will preview the history of food assistance programs in the United States and review the relevant literature associated with the topics in this paper. This paper also assesses the focus on the SNAP program and education offered to clients by the Department of Transitional Assistance (DTA) through interviews with DTA SNAP caseworkers and supervisors. The paper also explores the support offered to SNAP recipients after they are approved for SNAP through interviews with two community directors of food assistance nonprofits. Finally, this paper explores the previous research done on food assistance nationally and in the Commonwealth through interviews with two published scholars on the topic. This paper concludes by finding that cost, access, support, and focus on survival are the reasons that influence SNAP families in what they purchase and makes recommendations to help change this.

### History of Food Assistance Programs

In 1933 the Federal Surplus Relief Corporation was established in the middle of the Great Depression. The government bought up the surplus crops that farmers had grown and distributed them to hunger relief agencies. This would serve as the foundation for the Supplemental Nutritional Assistance Program (SNAP). In 1939 this program became formalized as the Food Stamp Program (FSP) under the New Deal. Participants were required to buy the food stamps and were given \$.50 worth of surplus stamps for every \$1 purchased. With the

beginning of World War II this program ended because “the conditions that brought the program into being--unmarketable food surpluses and widespread unemployment--no longer existed” (History of Snap, 2013, pg 1). In the eighteen years between the end of the old FSP program and the beginning of the new one, a number of prominent Senators lobbied for its reinstatement. In 1961 President Kennedy did just that, reinstating the Food Stamp Program as a pilot program in a number of states, mostly because of a campaign promise he made in West Virginia.

In 1964 “The Food Stamp Act” became law as part of President Johnson’s Great Society Program, a series of legislative acts to “wage war on poverty” and establish a “great society” (Lyndon Johnson’s “Great Society”, 2008). Depending on a household’s income level, participants in the Food Stamp Program could receive a “bonus” or more food stamps in order for them to purchase a nutritionally adequate diet (History of SNAP, 2013).

The late 1970’s saw major reforms to the Food Stamp program; the elimination of the requirement that participants purchase the stamps, uniform national standards of eligibility, an expansion into minority communities, and an increase in federal support for the implementation of the program on the state level. However, in the early 1980’s, there were substantial cuts to the program due to a closer level of scrutiny from both Congress and the Executive Branch after the large and expansive changes of the late 1970’s. In the 1990’s funding was reinstated because of statistics showing a national increase in hunger (History of SNAP, 2013).

In the early 2000’s there were even more changes. Assistance usage increased dramatically because of the short 2001 recession, and eligibility was expanded to include immigrants and individuals over age 18 (History of SNAP, 2013). Additionally, the EBT card started being used. The Electronic Benefit Transfer (EBT) card allows for a fund to be set up in the participant’s name with food benefits being deposited electronically. The participant has an

electronic card, similar to a bank card, which can then be used to access these benefits. EBT cards have replaced the cumbersome paper food stamps that could be lost, sold, or stolen and in the process have cut down on food stamp fraud. In 2008 the Food Stamp program was renamed SNAP and the program began to place greater emphasis on nutrition. (History of SNAP, 2013)

### **Eligibility and Approval Process**

The United States Department of Agriculture's (USDA) Food and Nutrition Services (FSN) administers the SNAP program by "setting benefit amounts and overseeing program rules" (Andrews & Smallwood, 2012). SNAP program benefits are 100% covered by the Federal government. The State and Federal government share the administration cost, with about 50% of these costs covered by the Federal government (SNAP/Food Stamps, 2010). This funding is reauthorized every five years by the Federal government in the farm bill. It is then the state's responsibility, through local welfare offices, to run the day to day operations of the program. The states determine the eligibility, calculate benefits, and then issue the benefits to participants. Eligibility is determined through income, expenses, and household size (SNAP/Food Stamps, 2010).

In Massachusetts, SNAP benefits are administered by the Department of Transitional Assistance (SNAP: Food Assistance, 2014). In order to be deemed eligible for SNAP a household must purchase their food and prepare it at home, they must live in Massachusetts, they must meet financial eligibility requirements (SNAP: Food Stamp Eligibility, 2014), and they must meet the work requirements. The work requirements state that if the individual does not qualify under the exempt status, which range from being younger than 16 and older than 59 to being in the second or third trimester of pregnancy, to caring for a dependent child younger than

six, then they must register for the SNAP employment and training program, be searching for a job, and accept a job when it is offered (SNAP: Work Requirements, 2014).

In order to qualify for SNAP a household’s income cannot be greater than the Monthly Gross Income Standard which is 130% of the Federal Poverty Guidelines (FPG) and the household’s net income cannot be greater than the Monthly Net Income Standard which is 100% of the FPG (SNAP Food Stamps: Financial Eligibility, 2014). The table below, Figure 1.1 shows the financial eligibility for up to an eight member household.

**Figure 1.1**

<b>SNAP Food Stamp Program Income Eligibility Standards 2013-2014</b>			
<b>People in Household</b>	<b>130% FPG<sup>1</sup> Gross Monthly Income Standard</b>	<b>100% FPG* Net Monthly Income Standard</b>	<b>200% FPG** Gross Monthly Income Standard (family limits)</b>
1	\$1245	\$958	\$1945
2	\$1681	\$1293	\$2621
3	\$2116	\$1628	\$3298
4	\$2552	\$1963	\$3975
5	\$2987	\$2298	\$4651
6	\$3423	\$2633	\$5328
7	\$3858	\$2968	\$6005
8	\$4294	\$3303	\$6681
Each additional person	+\$436	+\$335	+\$676

<sup>1</sup> Federal Poverty Guidelines

SNAP benefits can be used for foods for the household to eat, such as: breads and cereals, fruits and vegetables, meat, fish and poultry, and dairy items. Seeds and plants that produce food for the household to eat can also be purchased with the benefits. Candy and soda, while controversial and mentioned by both published researchers when interviewed, can also be purchased with the benefits, as they are defined as food by the Federal government and can be eaten at home. SNAP benefits cannot be used to purchase any type of alcohol, cigarettes, or tobacco. It can also not be used to purchase any non-food items such as pet food, soaps, paper products, or other household supplies, as well as medicines, any food that can be eaten in the store, or any hot food (SNAP: Eligible food items, 2014).

## Research Focus and Question

This paper will explore the connection between obesity, food insecurity, and the way in which low-income individuals receive fresh fruits and vegetables in order to combat both of these widespread health problems. The research looks at what factors influence families who receive SNAP benefits in their purchasing behavior and what health outcomes may be related to this. Research is based on a study of five families, all receiving their food from SNAP benefits and supplementing it from somewhere else, such as a food pantry. The paper is also based on information gathered from the Department of Transitional Assistance, nonprofits that directly provide services to SNAP recipients, and researchers who have conducted studies both nationally and within the Commonwealth on SNAP recipients. This capstone will explore the question:

**What factors influence the food purchasing behaviors of families receiving SNAP benefits?**

## Review of Literature

### **Obesity in Low Income Communities**

Obesity in low income communities has been linked to a number of different factors. According to Rundle (2009), there is an inverse relationship between walkability of a neighborhood and the amount of fresh fruits and vegetable options that the neighborhood has. Individuals with access to lower prices and fresh fruits and vegetables often times have a lower BMI than individuals with only access to convenience stores or bodegas. It has also been suggested that racial segregation is a contributing factor in obesity (Chang, Hillier, & Metha, 2009). With 33% of all Hispanics and 35% of all Black individuals in the United States falling under the federal poverty line compared to 13% of all white individuals (State Health Facts, 2011), it is possible that race and ethnicity are also a factor.

Another contributing factor to obesity in low income communities is level of education, specifically low level of parental education. (Lee, Harris, & Gordan-Larsen, 2009). Both parents and children of low income families have less access to educational opportunities, often a contributing factor to poverty. Lee, Harris, & Gordan-Larsen (2009) connect this low level of education and high level of poverty to higher levels of obesity. While the aforementioned are not the only contributing causes to obesity in low income communities, for instance, genetics has also been mentioned as a cause, these are the most prominent outside causes.

### **How Food Insecurity can Lead to Obesity**

Fifteen percent of households in the United States are believed to be food insecure (Larson & Story, 2010). Food insecurity is defined by the United States Department of Agriculture as answering three or more questions affirmatively on the topic of “food insecurity questions describing a household's ability to acquire enough food” (Coleman-Jensen, 2010, pg15). These questions includes anxiety that the household food budget may not be

adequate to cover basic needs, if there have been adjustments to normal food use, such as substituting fewer and cheaper foods than usual, or if anyone in the household had to forego a meal for others to eat. “Households indicating low levels of food insecurity (one or two affirmative responses) are considered food insecure (Coleman-Jensen, 2010, pg. 215).

The Coleman-Jensen (2010) study also looks at the need for those households that may appear to be moderately food secure and their need for food assistance, and while this paper will not study that topic, it is an interesting question to consider. This paper will touch on how food insecurity may lead to obesity. According to Larson and Story (2010) “Food insecurity might lead to weight gain because the least expensive food options to obtain a given amount of calories are typically high in calories and low in nutrients” (pg. 1).

It has been shown that it is more common for a low income food insecure woman to be obese, but it has not been consistently shown for men (Larson & Story, 2010). Specifically 28% of women on long term food assistance are obese (Larson & Story, 2010, pg. 2). Similarly, in a study conducted by Townsend, Peerson, Love, Artcherberg, & Murphy (2001) of 4,509 food insecure women they found that mildly food insecure women were 30% more likely to be overweight than food secure women. However, one study found that there is no effect from long term food assistance on the obesity level of adolescents (Lee, Harris, & Gordan-Larsen, 2009).

### **How Access to Fresh Fruits and Vegetables can Decrease Obesity**

The idea that increasing an individual’s intake of fresh fruits and vegetables may seem common place for many, but for others in America, this fact is not as well known. The health risks correlated with low fruit and vegetable intake can be devastating. According to Kearny, Bradbury, Ellahi, Hodgson, & Thurton (2005), “Low fruit and vegetable intake is a major risk factor for cancer, coronary heart disease and stroke. The recommended intake of five portions

per day would reduce death rates from these causes by 20%.” (pg. 981). Cancer, heart disease and stroke are all diseases that can be connected to obesity (CDC). Dietary access to healthy foods for children and low income populations is especially important (Seiders & Petty, 2004). One reason for this is shown in a study conducted by Moreland, Diez Roux, and Wing (2006), in which they found that respondents from neighborhoods with access to grocery stores had a lower level of obesity than those with only access to convenience stores.

There are a number of policy efforts happening across various states to increase access to healthy foods, especially within low income communities. In Pennsylvania the governor launched a program to encourage supermarket development in low income communities by offering awards and grants to the developers (DeMettia & Denney, 2008). In 2005 in Nevada, the state legislature passed a bill providing temporary tax incentives to grocery stores willing to locate to the southern part of the state (DeMettia & Denney, 2008). There is also a new urban farm movement (DeMettia & Denney, 2008) where nonprofits do hands on training to help people grow, market, and distribute local foods they grew in their environment. This type of movement has helped to develop multiple urban farms as well as bring children back to the connection between land and food. While there are efforts taking place to combat food deserts in America, they are not everywhere and they are not reaching every needy population.

### **Food Insecurity and Emotional Health**

Food insecurity cannot only lead to obesity, but a myriad of other physical and emotional ailments. One of these major ailments is a higher level of stress (Dunifon & Jowaleski-Jones, 2003) for the family. Stress and food insecurity often go hand in hand as people who are likely to experience food insecurity are at a higher risk for stress due to a number of classifications. These

classifications include homelessness, single parent women, children, elderly, unemployed, refugees, or people with life threatening diseases (Hendriks & Hendricks, 2002).

Another major ailment found to be caused by food insecurity is depression (Wu & Schimmele, 2005). In a study conducted by Wu & Schimmele it was found that “food insufficiency actually increases the risk of depression and that it predicts the risk better than measures of low income, main sources of income, and education” (pg. 481). A different longitudinal study found that food insecurity had a lasting effect on poor health outcomes and that women who reported food insufficiency in the past were more likely to meet the diagnostic criteria for major depression years later (Siefert, Heflin, Corcoran & Williams, 2004). Food security is a concern from the viewpoint of both physical and emotional health.

### **SNAP Benefits and Food Insecurity**

An estimated one in five Americans participates in one of the 16 food assistance and nutrition programs run by the U.S. Department of Agriculture (Yen, Andrews, Chen, & Eastwood, 2008). The Food Stamp Program or Supplemental Nutrition Assistance Program is the largest component to the USDA’s nutritional program (Yen, Andrews, Chen, & Eastwood, 2008) with 47 million American receiving this program (Plumer, 2013) and 874,104 individuals in Massachusetts receiving this program (Facts & Figures, 2014). While it seems counterintuitive, there is a growing body of research showing that participants involved in a food supplement program are at a higher risk of also being food insecure. A study by Gunderson and Oliveira (2001) found that participants in food stamp programs have a higher level of food insecurity. They theorize that the reason for this is because those households that are more likely to be food insecure are also more likely to receive the benefits of food stamps.

The prevalence of food insecurity with hunger (12.3% of all low-income households in 2004) is much higher among food stamp participant households (18.6% in 2004) than among low-income nonparticipant households (10.1% in 2004), due to strong self-selection effects. Households facing greater hardship are more likely to join the program. (Wilde, 2006 pg. 307).

The literature, however, offers mixed results. There has also been research showing that if vouchers can be used specifically for fruits and vegetables then an individual's intake of those types of calories, specifically a woman's, will increase (Herman, Harrison, Afiffi, & Jenks, 2008). There have also been studies showing that the SNAP program reduces the level of households being food insecure by 30% and very food insecure by 20% (Ratcliffe, McKernan, & Zhang, 2011).

This paper in part will explore what programs are being offered to offset both the food insecurity and the obesity issues that SNAP participants may suffer from.

### **Contributions to the Field**

Both food insecurity and obesity are prevalent problems that exist among low socioeconomic families on food assistance in Massachusetts and the United States. It is the goal of this paper to answer why and suggest a change in public policy to combat these problems. It is evident that food insecurity, obesity and related chronic diseases have been studied at length for the past decade. It is also evident that the availability and cost of specific foods is in direct correlation to chronic diseases, specifically obesity, for low-income families in the United States. This research suggests probable solutions to improving SNAP families' decisions on the food they purchase, food insecurity they suffer from, and lack of nutritious foods in low

socioeconomic areas. It also provides a framework for public policy on these topics moving forward.

### Research Method and Design

The research question “What factors influence the food purchasing behaviors of families receiving SNAP benefits” requires an in-depth look at the people most affected by the availability of affordable nutritious food, the families that receive the benefits. The research consists of a qualitative research design developed to reach a small number of low-income families who receive their food primarily with the use of their SNAP benefits. The research sought to interview key stakeholders in the Massachusetts government about the SNAP program about the education that low-income families receive about availability of nutritious food. Interviews were also conducted with two community outreach directors at two nonprofits that work with families on SNAP benefits and finally interviews were done with researchers or scholars who have studied SNAP and food assistance extensively. The interviews were essential in assessing how the Department of Transitional Assistance sees their role in providing information and education to their clients regarding access to nutritious food. The interviews of the nonprofits provided information on the types of support that are offered to SNAP families once they have gone through the approval process at the DTA. The interviews with the researchers, or scholars, provided a background of in depth research, which could not have been accomplished within the time constraints of this study, of the national trend and state trend among SNAP recipients. Finally, surveys of five families were essential in gathering data on where low socioeconomic families are spending their food budgets, on what, and why. The surveys will also provide data on what other ways families of low socioeconomic status are getting their foods and where the DTA should be focusing its efforts.

## **1. Interviews with Key Stakeholders**

These interviews, of two supervisors and one caseworker, were tailored to frontline workers of the Department of Transitional Assistance who oversee SNAP beneficiaries. A copy of these interview questions can be found in Appendix A. These caseworkers are a purposive snowball sampling of DTA case workers and supervisors who oversee the caseworker position. All of the DTA case workers interviewed had over six years of experience in the DTA and working with SNAP recipients. The purpose of these interviews was to assess the internal focus on the SNAP benefits by the frontline employees. The questions of these interviews focused on whether or not the availability of nutritious foods is a priority of the DTA, how or if they are providing education to their clients about nutritious foods, and what are the greatest barriers they face in providing information to their clients.

These interviews also collected data on the challenges facing both the Department of Transitional Assistance related to SNAP and what they perceive as the challenges their clients are facing. The key stakeholder interviews were averaged 30 minutes in length with one DTA caseworker and two supervisors that oversee the position and had previously held the caseworker position. This provided an adequate sample of what DTA is doing on the ground and what DTA policy is influencing the ground level work. The interviews were transcribed as they happened as well as a summarized directly after. The purpose of a face to face interview allowed the DTA employees to answer truthfully without the ability to discuss with each other the questions that were asked. The data was analyzed by comparing the answers of the DTA employees to determine what similar themes existed. This allowed for a more in depth look of how important educating their clients about nutritious foods and

healthy choices are as well as an in depth internal look at how the SNAP program is viewed by the Department of Transitional Assistance.

## **2. Interviews of Low Socioeconomic Families:**

Interviews were conducted with five families who receive SNAP benefits through DTA and shop at a supermarket and or receive their food directly from a food pantry at least once a week. The purpose of this was to survey families that access food two different ways. The food pantry was the easiest location to survey these families and individuals. The interviews of the SNAP beneficiaries were conducted at two separate food pantry locations in Boston, one at the Bromley-Heath Housing Development and one at Parker Hill Fenway ABCD. Both are located in low-income neighborhoods with direct access to transportation. The interviews provided information on low socioeconomic families that utilized their SNAP benefits. The survey was designed to assess the socioeconomic level of the participant as well as their food security level.

The SNAP beneficiary interviews collected data on what food the SNAP beneficiaries purchase with their benefits, where they purchase it, the average cost of providing nutritious meals to their families, how long do the benefits last, how long it takes them to get to their food purchasing locations, and if anyone in the family is overweight or obese and/or suffers from any chronic diseases. A copy of this survey can be found in Appendix B.

The surveys were done in person, with the interviewer reading the survey to the clients and filling out their answers for them, similar to an interview but without the conversational tone and ability to explore their answers more in-depth. This allowed for direct responses to the survey and mitigated the chance of not receiving responses from the families. The data was analyzed by reviewing both the most common answers given to the questions as well as

the outliers to assess why families who receive SNAP purchase the foods they do and who in their families have a chronic disease.

### **3. Interviews with two SNAP Nonprofit Employees**

In order to follow up on the thoughts expressed by the DTA employees about the nonprofits actually offering the SNAP families the necessary supports after their assistance approval, two different nonprofit community outreach employees were interviewed. The interviews with the nonprofits that work with the SNAP recipients provided information on what happens with the SNAP recipients after they are finished with the DTA approval process. Interviews were conducted with direct service nonprofits, one which also advocates for the needs of SNAP recipients. The purposes of these interviews are to provide information on what services are available through the community for SNAP recipients to access nutritious food and to access information on their health. The interviews averaged 30 minutes in length. They were transcribed as they were conducted and summarized immediately after the interview. An in-person interview allowed for the SNAP advocates to speak freely about their organization and the resources that the DTA provides both to their organization and the SNAP recipients.

### **4. Interviews with Researchers/Scholars:**

Finally, interviews with researchers from two universities, Harvard School of Public Health and the University of California, were conducted in order to provide background information on national and state trends concerning SNAP families. Specifically, these interviews provided information about how a broad number of SNAP recipients feel about their benefits and where they should be used. They also provided information on the USDA and pilot programs that have been used successfully in Massachusetts and elsewhere. These interviews were conducted with one current Harvard School of Public Health researcher and

one past Harvard School of Public Health Research that is now employed at the University of California, both who have extensively studied SNAP and food assistance beneficiaries in their work. The interviews were between 20 to 30 minutes in length. They were transcribed as they were conducted and immediately summarized after the interview. The researchers were able to provide appropriate context and information about the SNAP program and SNAP recipients that would have been impossible to find within the scope of this paper. The data received was analyzed for similar patterns that arose and compared to the answers given by both the SNAP families and the DTA employees.

## Findings

The results of the research conducted led to key themes that emerged from all the individual interviews with the DTA employees, the nonprofits, and the researchers. Key themes also emerged from the surveys that were given to the families that participate in SNAP. These key themes were found by analyzing the data. The answers to the interviews and surveys were put into an excel spreadsheet by subject interviewed. Key words and phrases as well as ideas were identified from the chart created. These key words and phrases became the common themes and from them smaller themes emerged and were grouped together. Common themes of affordability, access, support, and survival allowed for the research to be categorized into the key themes below.

1. Cost of healthy and nutritious foods (affordability)
2. Transportation (access)
3. Lack of adequate support services offered by the DTA (support)
4. Low-income families primary priority is survival (necessary for survival)

### **Key Theme 1: Cost of Healthy and Nutritious Foods**

In every interview and survey the biggest factor to influencing SNAP recipient's food purchases was the cost of food. Every single SNAP recipient answered that their biggest barrier to purchasing nutritious foods was that they were too expensive. One researcher also pointed out that "anyone who has ever done the SNAP challenge (spending \$1.50 per meal or \$4.50 per day on food) knows that it is difficult to eat a healthy and balanced meal every day". The same researcher stated that in her research one of the common themes that kept arising was that the benefits were just not enough to purchase proteins, fruits and vegetables. Instead they bought what they could stretch throughout the month (macaroni and cheese, white bread, ground hamburger, and a lot of refined carbohydrates). One SNAP recipient answered that for a household of four, she received \$85 monthly of SNAP benefits, meaning that per month each person received \$21.25 to feed them three meals a day for four weeks, that works out to \$.70 a day or \$.23 a meal. Another stated that for a household of four, she received \$600 a year in SNAP benefits.

Another emerging theme under the cost of healthy food is that SNAP recipients know what counts as healthy food and they would be happy to purchase it if they could afford it. One SNAP recipient stated that in order for her family to eat more fruits and vegetables she would need vouchers to pay for them, but she knows that those are the healthy foods her family should be eating. Another recipient answered that she knows that vegetables, cereals, fruits, and meat are what healthy foods are. Finally, every recipient said what they purchase is staple items (bread and rice) and fruits and vegetables. One said she spends \$150 a week to purchase all this for a family of four.

Both of the nonprofits agencies that work directly with SNAP recipients pointed to programs they had developed to offer fresh fruits and vegetables to SNAP recipients and the immense interest in both of them. One coordinator of a mobile market said that they see about 90 SNAP recipients a day during the summer and about 40 during the winter. The mobile market is able to offer the fresh fruits and vegetables from a farm in Western Massachusetts to customers in housing developments in an Eastern Massachusetts city at wholesale prices and because of this, she stated, they see the same customers at their four locations weekly.

The data showed that every SNAP recipient did the bulk of their shopping at a supermarket and when they could, they purchased mostly staple items such as pasta, rice, and meat, as well as fruits and vegetables. Almost all stated they spent more than their SNAP benefits to purchase these types of food. Both researchers interviewed found that individuals and families on food stamps did not purchase an abundance of unhealthy foods, but rather tried to purchase as healthy as they could with the funds they had. One stated, “They purchase in general what Americans of the average socioeconomic class purchase. SNAP does not have a large effect on their purchase”.

Another finding that emerged within the theme of cost of healthy and nutritious foods is that SNAP recipients still suffer from some form of food insecurity. Every DTA caseworker stated that their SNAP recipients ask for more food stamps during the month but they cannot give them more. Instead, they have to refer them to food pantries or soup kitchens. However, as one said “SNAP is not designed to feed a person, it’s supposed to supplement other sources of income. The full \$189 will last between 2-3 weeks.” As one nonprofit employee stated when asked if SNAP recipients still suffer from food insecurity, “Yes, definitely. SNAP helps ameliorate it, but does not do away with it altogether.”

While it is evident from the literature and research that SNAP recipients are food insecure before they have access to SNAP benefits, one researcher said that three months after receiving food stamps the SNAP recipients she interviewed still had some indicators of food insecurity.

### **Key Theme 2: Transportation and Access**

The second theme that emerged from the research is one that has been pointed to by the literature, advocates, and scholars many times. This is the theme of transportation and access. Many advocates use the idea of a food desert or food swamps, meaning it is difficult to obtain nutritious foods in an area, or that there are only unhealthy food options, when pointing to the reason as to why low-income individuals have a higher proportion of chronic diseases. As one researcher stated, “location is another barrier, there is a higher cost of living in some areas.” The research backs up these statements. Of all the SNAP recipients surveyed, only one said it took her a short time to get to a supermarket, a five minute walk. The rest stated it took between half an hour and an hour to get to a supermarket to purchase foods.

All of the DTA caseworkers and supervisors mentioned that their clients tend to rely on public transportation to get to a supermarket. Some rely on taxis and this becomes costly so they purchase their food at the corner store or bodega instead. Another problem with relying on public transportation is that the beneficiaries can only purchase what they can carry, limiting the amount of food they can purchase.

### **Key Theme 3: Lack of adequate support services by DTA**

The third theme that arose from the research is that the DTA does not provide adequate support services for SNAP recipients and while the nonprofit groups are doing their best to fill in the gaps, there is not enough funding to accomplish all that is necessary to help such a vulnerable population. Adequate support services can be defined as spending enough time to not only

determine the eligibility of the recipient, but to educate them on how best to use their benefits, and how to begin to move past their socioeconomic situation. When asked what the caseworkers speak to their SNAP clients about, each answered that their primary responsibility is to determine their eligibility for SNAP benefits. They do this by asking them about income level, assets, and expenses. When asked the length of time they speak to their clients, they ranged from eight or ten minutes if the client is easy, such as a single individual with no income, to one hour if the client is difficult, such as a person with multiple dependents along with a unique immigration situation. One DTA case worker stated, “it’s like an assembly line, we get their info and send them off, eligible or not.”

An additional aspect of this theme is that the DTA is drastically understaffed. As one caseworker stated, “DTA workers do not have time to educate their clients, each has between 700 and 900 cases, it used to be 500 but they got rid of the cap.” Additionally, as one of the supervisors put it, “No time for it. Volume of cases that workers are responsible for is impossible. Short time they spend with clients this would be going above and beyond, case managers don’t have time. Can’t even talk to them about how to get them out of the situation.”

There also appears to be a disconnect between the administrators of the DTA and the frontline caseworkers on the Department’s focus on nutritious food and their clients health. Each caseworker interviewed said they were unsure if the DTA had or used a definition for healthy and nutritious food, one thought they used the USDA’s definition but could not be sure. This disconnect became even more evident when asked if there were materials given to SNAP recipients about healthy food or how eating right can affect their health. As one case worker said, “About one year ago we got pamphlets from project bread; they were mandated to put in cubicles where client can see it. Clients and caseworkers rarely saw it.”

One of the DTA supervisors said his staff does try to remind people, “They can purchase apples as easily as they can purchase Cheetos” and that his staff is trying to remind people to eat well, but their clients are adults and not children. Each DTA employee did mention the Healthy Incentives Pilot that has been conducted in the Commonwealth. This pilot doubles the amount of SNAP benefits when they are used at a farmers market. But not one DTA employee mentioned the SNAP Ed funding that the DTA and local nonprofits receive from the USDA in order to educate SNAP recipients on healthy foods, SNAP Ed is discussed in the discussion section of this paper. Rather one mentioned that “they give them information on farmer’s markets if it is in season and on the double bucks program, but just started doing that three years ago.” Another caseworker said, “We give them information on how to activate their card and a 1-800 number if they need to contact.”

Another emerging, smaller theme was that nonprofit groups were offering as much support and educational materials as they could, such as nutrition education and a hotline to assist with the SNAP process, but because of a lack of funding or know-how, they were not enough. One successful nonprofit was able to offer a food resource guide, nutritional guides, and volunteer health advisors. They are also able to offer incentives, such as the double benefits, when shopping at a farmer’s market because they have been creative with their funding. This is also a program that all SNAP recipients are able to benefit from because the state offers it at participating farmer’s markets. However, the coordinator for this nonprofit stated that she knows of many others who are struggling to fund the incentives, “some are asking banks to donate as little as \$50 to double the SNAP benefits.”

The other nonprofit is able to offer a successful hotline to assist individuals and families through the SNAP application process. She also said “their hotline receives around 49,000 calls a

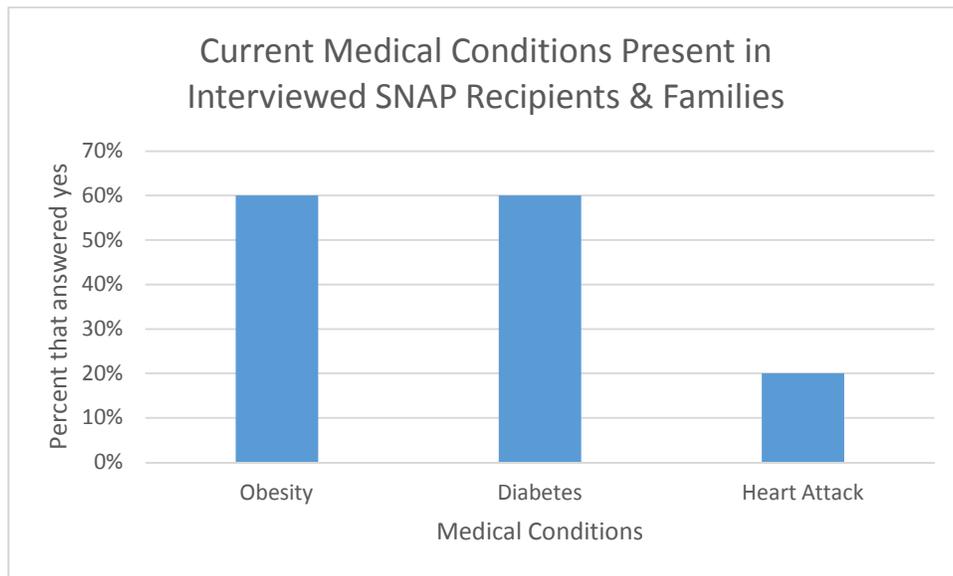
year, not all people looking for food assistance, some are just trying to find a hot meal.” They are also able to provide other nonprofits with cooking demonstrations and trainings. Finally, they have funded community health centers and home care agencies to be able to offer food vouchers to their clients. What they have been unable to provide is educational material for their clients on nutritious foods and their health.

#### **Key Theme 4: Focus on Survival**

The final theme that emerged from the research is that low-income individuals and families are more focused on their own survival than on eating healthy and the affects that unhealthy foods have on their overall health. As one DTA supervisor stated, “they are dealing with other economic issues, such as housing and clothing for their kids. They have to make sure all their other needs are met.” Finding the time to shop healthy and to make ends meet is not a priority for most SNAP recipients according to both of the nonprofit coordinators. They said that most are just focused on feeding their children, not on their health. One nonprofit coordinator stated she knows recipients who do feed their families only healthy foods, but they are dedicated to living like that and it takes a substantial amount of time to make it happen. She said they have to be “really savvy about their money and shop at different locations in order to get the best prices.”

Another aspect of this theme can be the medical conditions displayed by the SNAP recipients and their families. The general welfare of low-income individual and families in the United States is evident by their need to survive and the rate in which they are becoming obese or developing diabetes. Figure 2.1 shows the percentage of SNAP recipients who answered positively to questions about if anyone in their family has diabetes, is obese or has had a heart attack.

**Figure 2.1**



### Discussion and Recommendations

It is evident through the research that SNAP recipients, while educated on healthy and nutritious foods, are unable to eat a healthy and balanced meal daily because of a myriad of factors. The data collected made it clear that the cost of fruits, vegetables, proteins, and staple items is too high to be covered by monthly SNAP benefits. The cost of food that the average American considers healthy, is too high to be covered by the \$1.50 or less per day available to SNAP recipients.

The Massachusetts government, in order to offset the cost of healthy food for its neediest residents, could be offering incentives or more funding to their SNAP recipients in order to afford healthy foods. The Massachusetts government has already set this precedent by recently moving to preserve food assistance benefits that the Federal Farm Bill cut. (Boston Globe, 2014). The Department of Transitional Assistance is partnering with the Department of Housing and Community Development to provide an extra \$20 worth of heating assistance to around 163,000

families in order for them to access an extra \$80 a month in SNAP benefits. These families are part of the H-EAT program, which also makes them eligible for SNAP benefits when receiving heating assistance from Low-Income Home Energy Assistance Program. The Federal Farm Bill cut this funding and without this, the families could not qualify for SNAP. By making up this lost funding, it is obvious that the state government can do more to help SNAP beneficiaries.

While the Massachusetts government cannot increase the funding for SNAP benefits, that is something the federal government must pass, they can work with the USDA to implement pilots programs like the Healthy Incentive Pilot throughout the Commonwealth. The Healthy Incentive Pilot was implemented in Hampden County, Massachusetts from November 2011 to December 2013. The pilot allowed for an extra 30 cents to be given to participants for every dollar spent on targeted fruits and vegetables (Bartlett et al...2013). From the interim report it appears that the HIP program did increase SNAP participant's consumption of fruits and vegetables by 25% more than the control group (Bartlett et al...2013). Similar to this program, the state government, offers a Farmers Market Double Value Program. This program allows for SNAP recipients to receive double the amount of money they spend at farmers' markets. For instance, if a recipient spent \$10 at a farmers market, they would receive another \$10 to spend at the farmers market (Farmers Market Double Value Program, 2014).

In order to reach more SNAP recipients, especially the ones who do not shop at farmers markets or do not have access to one, the state government should fund a new pilot based on the HIP pilot and the Double Value Program to encompass both the double value of the benefits and the target fruits and vegetables. The pilot would give a bonus of double the amount spent on targeted fruits and vegetables at any location, including supermarkets, farmers markets, or even corner stores. The pilot should be conducted in a region that encompasses both urban and rural,

food deserts, and locations with an abundance of food resources, such as Essex County with 86,518 SNAP recipients (Kirk, 2014). A pilot with these factors would provide incentives for SNAP recipients to purchase fresh fruits and vegetables, as well as decrease their level of food insecurity by offering more funds to purchase more food. The bonus funding would be given in voucher format so that the money could only be spent on healthy fruits and vegetables.

A significant problem that was also made clear in the data, is that the Department of Transitional Assistance caseworkers are understaffed. They cannot handle the volume of their cases to process SNAP recipients, let alone take time to educate recipients on what is the best way to use their benefits or how to move beyond their low-income situation. The USDA provides funding for the SNAP Education program, which is run by the DTA, the University of Massachusetts Amherst, and various community agencies. SNAP-Ed's mission is to "help SNAP participants make healthy food choices and choose active lifestyles within a limited budget" (SNAP-Ed Program, 2014). According to the UMass Amherst Extension Nutrition Education (2014) website the program includes

Nutrition education workshops; nutrition lessons and follow-up activities in schools; food demonstrations at farmers' markets; interactive displays; a website and blog providing healthy recipes, shopping tips, and meal planning ideas; and a toll-free telephone tips line (SNAP-ED Program, 2014)

The data collected clearly indicated that front line DTA caseworkers were not taking advantage of this program and likely did not know about it. According to one researcher who had taken part in the SNAP-Ed program, the program will run a workshop at a food pantry but then not return for six months. This makes it difficult to track if the content of the SNAP-Ed program educated the participants on healthy lifestyles and active living. While the infrastructure and

necessary evidence of the SNAP-Ed program may not be the most effective, it is still a program that case workers should have knowledge about and be able to refer clients to it.

In order for the Massachusetts State government to provide the necessary support services and education to the SNAP recipients, more front line case workers should be hired. This would relieve case workers of their 700-900 client case load each year. It would also allow for more time for case workers to spend with their clients, reducing the “assembly line” feeling that one case worker mentioned.

Secondly, a communication plan in the Department of Transitional Assistance should be developed in order to have effective communication between the administrators and supervisors regarding healthy eating and physical activity and how SNAP recipients can use their benefits to live this way. It was evident through the research that case workers receive little to no information, merely a poster for their cubicles, to discuss healthy eating with their clients. If the DTA had a plan in place for distributing and talking to their clients about healthy eating or referring them to a SNAP-Ed program, clients would be able to leave with some information about how to use their benefits to have healthier lives.

The evidence collected also points towards access difficulties. The lack of viable transportation options was demonstrated as a major factor in what SNAP recipients are deciding to purchase with their benefits. Most of the recipients who responded to the survey said that it took between thirty and sixty minutes to get to a supermarket. All of the DTA employees and both nonprofit coordinators pointed towards transportation as one of the biggest barriers to accessing nutritious foods. This evidence coupled with the data collected about recipients need to survive, by focusing on housing and clothing their families before healthy eating, can be viewed as a need for better access to nutritious foods for low income neighborhoods.

In order to combat the lack of access to nutritious foods in the Commonwealth, the state government could pass legislation that would work to provide healthy food access to low-income neighborhoods. Within the Massachusetts state legislature there is currently a piece of legislation called An Act to Expand Access to Healthy Foods. This legislation would create the Food Trust Program “to provide flexible financing programs, including loans, grants, and technical assistance to support the development, renovation, and expansion of food stores, farmers’ markets and other retailers selling healthy food in low-income communities.” (Fact Sheet Healthy Food Financing Bill, 2013). The legislation is based off similar programs in Pennsylvania, New York, New Orleans, New Jersey, California, and Illinois. It would allow for corner stores and bodegas to access funding to be able to store and provide fresh produce and protein to low-income neighborhoods. The legislation works by leveraging public and private dollars through Community Development Financial Institutions that would be able to make flexible loans and grants (An Act to expand access to healthy foods and create the Massachusetts Food Trust, 2013). If enacted this piece of legislation could help low-income communities have the access to the necessary fresh food for their health. It could also help families that are primarily focused on survival have better access to healthy foods by cutting down on their transportation time and make it easier for them to be able to purchase the necessary foods.

## Limitations

There were a number of limitations when conducting this study. The first limitation was time constraints, there was not sufficient amount of time to conduct a study with a representative sample of SNAP recipients. Another limitation was the ability to contact SNAP recipients, because of legal issues the DTA was not able to assist in contacting recipients, rather the

research had to be conducted at food pantries where SNAP recipients frequented. Similarly, the survey of the recipients were not representative of the entire state; again due to the time constraints, the surveys could only be conducted within the city of Boston. Finally, the small sample size of SNAP recipients was a major limitation, this also lead to a non-representative sampling of the entire state.

## Conclusion

The intention of this research was to attempt to answer the question “What factors influence the food purchasing behaviors of families receiving SNAP benefits?” The answers that evolved showed a combination of affordability, transportation and access, support services, and the recipients’ focus on survival as some of the main factors. The cost of healthy and nutritious foods can be high for a middle class family, for a low-income family of four receiving \$85 in SNAP benefits a month, affording fresh food is almost impossible. In order to combat this, the state government could offer incentives to purchase healthy foods through pilot programs similar to HIP and the Farmers Market Double Value Program. The federal government could expand the HIP program nationally, as well as ban the purchase of certain foods such as candy and soda. Not only could these two actions increase the consumption of healthy and nutritious foods but they could reduce the level of food insecurity experience by SNAP recipients as well as have a positive impact on their health and weight.

Another factor that was revealed by the research is that transportation and access were important influencers on what SNAP recipients purchase. Most of the survey respondents said that it took them between thirty to sixty minutes to travel to a supermarket. Another factor that influenced the purchasing behavior of SNAP recipients is the act of survival. As previously mentioned, SNAP recipients need to prioritize their needs and often times eating a healthy and

balanced meal is not one of them. A solution to both the problem of access and the focus on survival is the Healthy Food Financing legislation that is currently in the Massachusetts Legislature. By offering flexible loans and grants to food retailers that service low-income populations, the retailers will be able to purchase the necessary equipment to store fresh produce and protein. Thus reducing the access problem and making it easier for families to purchase healthy foods. Finally, the lack of support services offered by the Department of Transitional Assistance is the last factor that arose as an influence on SNAP recipient's purchasing behavior. By funding more case workers and implementing an inter-departmental communication plan, ground level staff would be able to spend more time with clients. They would be able to explain the best way to use their benefits in order to purchase the healthiest foods on a limited budget. By having this conversation during the application process the DTA would be able to speak to 100% of their clients about this topic. Currently, it is the nonprofits who are having this conversation with the recipients and they are not able to reach 100% of the benefit recipients. They can only reach the clients that self-selected by seeking out or frequenting their nonprofits. Taken separately these recommendations cannot improve SNAP recipients' purchasing behavior any more than they can improve the average American's purchasing behavior. But by implementing all of these recommendations, SNAP recipients will be able to purchase more healthy foods, decrease their level of food insecurity, and live healthier lives.

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## Appendix A

### Interview Questions for SNAP Administrators

#### Code:

1. What is your job title?
2. Can you give me a brief overview of your job
3. How long have you been employed at DTA? And been a state employee?
4. When someone applies for SNAP and is approved, what material do you give to them?
5. How often do you have contact with your SNAP recipients?
6. How long is your average conversation with a SNAP recipient?
7. What are the topics you typically speak to them about?
8. Do you ever speak to them about where they use their SNAP benefits?
9. What is your definition of healthy and nutritious food?
10. Do you ever speak to them about purchasing healthy food?
11. Does the DTA supply any material on buying nutritious food?
  - a. If yes, what do you send and how often do you provide this to the recipients you oversee?
  - b. Does the DTA provide information to you about nutritious food that you can pass along to the SNAP recipients?
12. Do you think the SNAP recipients are buying “healthy and nutritious” food? Why/Why not?
13. How focused do you think the DTA is on educating recipients of public assistance on nutritious foods?

- a. On their health?
14. What do you think are the biggest barriers facing the DTA in focusing on this?
  15. What do you think are the biggest barriers to the SNAP recipients accessing nutritious foods?
  16. How else do you think the SNAP recipients supplement their SNAP assistance?

Thank you

## Appendix B

### **Interview Questions for SNAP Recipients**

Thank you for your participation in this interview. This interview will be used to assess where SNAP recipients are purchasing their food and what they are purchasing. These surveys will be compiled and used for a capstone presentation at the University of Massachusetts Boston. The person who should answer these questions is the person in the household that primarily purchases the food for the household. The interviewee will remain anonymous. This interview should take between 10 and 20 minutes. Please answer each question to the best of your ability.

1. How many people are there in your household?
2. How many do you receive SNAP benefits for?
3. What would you say your household yearly income is?
4. How much does your household receive in SNAP benefits?
5. Where did you go food shopping last week? If you did not go food shopping last week please answer this question for a typical week.

6. Please rank in order (1 being the most and 3 being the least) where you spent the majority of your SNAP benefits last week. If last week was unusual for you, please answer the questions for how much you usually spend.

\_\_\_ Supermarket

\_\_\_ Meat market, produce stand, corner store, bodega, warehouse store, or any such place

\_\_\_ Food chain, restaurant, vending machine or cafeteria last week

7. What type of food did you purchase with your SNAP benefits last week? If last week was unusual for you, please answer the questions about what you normally buy. Circle all that apply.

- a. Snack food such as chips and soda
- b. Staple items such as pasta, rice, and meat
- c. Fruit
- d. Vegetables

8. Did you spend other money, not SNAP benefits on any of the above mentioned food last week? If yes, on what?

9. What was the average length of time last week you spent on transportation to get to and from the main place you purchase food?

10. What do you consider to be healthy and nutritious food?
  
11. What are the biggest barriers for you to purchase nutritious food? Circle all that apply
  - a. Not available where I shop
  - b. Too expensive
  - c. My family will not eat them
  - d. Do not like the taste]
  - e. Other. Please explain
  
12. Are any members of your household overweight or obese?
  
13. Do you any members of your household have diabetes?
  
14. Have any members of your household had a heart attack?
  
15. What will make it easier for members of your household to eat more fruits and vegetables?
  
16. What other ways do you get food besides through your SNAP benefits?

**Thank you for your participation in this survey**

## Appendix C

### **Interview Questions for Scholars in the Field:**

Code:

1. What is your profession and title?
2. Can you give me a brief overview of your main topic of research?
3. In your experience where do families on SNAP or other types of food assistance receive their food?
4. In your experience, what types of food do SNAP recipients typically purchase?
5. In your experience what is the main barrier prohibiting families on SNAP from accessing healthy and nutritious foods?
6. What do you believe are the main causes of this barrier?
7. Are there other barriers?
  - a. If so, what do you believe are the underlying causes of these barriers?
8. What do you think the Massachusetts state government could do eliminate these barriers?
9. What do you think the federal government could do?

## Appendix D

### **Interview Questions for Food Advocates:**

Code:

1. What organization do you work for?
2. Can you give me a brief overview of what the organization does?
3. What is your job title?
4. Can you give me a brief overview of your job?
5. How often does your organization help people that receive SNAP benefits?
  - a. In what capacity?
  - b. How often do you see the same clients?
6. How do most clients find your organization?
7. How often do you receive referrals from the Department of Transitional Assistance?
8. What type of resources do you offer SNAP recipients?
9. Do you give them material on healthy and nutritious food?
10. Do you give them healthy and nutritious food?
11. Do you give them materials on their health or their family's health?
12. Do you think the DTA is focused on educating SNAP recipients on nutritious foods?
  - a. On their health?
13. What do you think is the biggest barrier for SNAP recipients accessing nutritious foods?
14. Do you think that SNAP recipients experience food insecurity?

## Appendix E

### **Consent Form SNAP Families for Participation in a Research Study University of Massachusetts Boston**

**Principal Investigator:** Kate-Marie Roycroft

**Study Title:** SNAP: An evaluation of how families decide what to eat

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#### Introduction

You are invited to participate in a research study to evaluate how families who are part of the Supplemental Nutritional Assistance Program (SNAP) decide what food to purchase and how this correlates to chronic diseases, specifically obesity, within their family. You are being asked to participate because your family is part of the SNAP program and you are the primary purchaser of food in your household or you are employed at the Department of Transitional Assistance (DTA) working within the SNAP program.

#### Why is this study being done?

The purpose of this research study is to examine the reasons that families within the SNAP program choose the type of food they purchase and eat and how this correlates to chronic disease. A secondary reason this study is being conducted is to assess the focus of the DTA on educating their clients on the benefits of nutritional food. This study will contribute to our understanding of the availability and cost of nutritional food in urban areas and how this effects families that participate in the SNAP program and their health.

#### What are the study procedures? What will I be asked to do?

If you agree to participate in this study, you will be asked to participate in a survey conducted by the principal investigator. The survey will ask you questions about your household income, where you purchase your food, what type of food you purchase and how often, and the health of your family members. The survey will take about 10-15 minutes to complete.

With your permission I will fill out the survey as you give your answers verbally. The survey will not contain your name or any other identifiable information.

#### What are the risks or inconveniences of this study?

The questions in the interview will ask you reflect on what you purchase for food and the health of you and your family members. Questions might seem personal and at times sensitive.

#### Will I receive payment for participation? Are there costs to participate?

There are no costs to participate. You will be entered into a raffle to win a \$25 gift card to a supermarket

How will my personal information be protected?

The following procedures will be used to protect the confidentiality of your data. The researcher will keep all study records (including any codes to your data) locked in a secure location. Research records will be secured with a code. All surveys will be anonymous, the only record of your identity will be this consent form and for a time the raffle ticket, which will be destroyed upon the drawing. The survey will be kept in a locked file. Data shared with others will be coded. At the conclusion of this study, the researcher will publish the findings. You will not be identified.

Can I stop being in the study and what are my rights?

You do not have to be in the study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide you do not want to participate. You do not have to answer any questions you do not want to answer.

Who do I contact if I have questions about the study?

I would be happy to answer any questions you have about the study. If you have further questions about this project or if you have a research related problem, you may contact the principal investigator, Kate-Marie Roycroft at [Kate-Marie.Roycrof001@umb.edu](mailto:Kate-Marie.Roycrof001@umb.edu) or 978-270-2688. You may also contact Michael Ahn at [Michael.Ahn@umb.edu](mailto:Michael.Ahn@umb.edu) or 617-287-6970 or Hsin-Ching Wu at [Hsinching.Wu001@umb.edu](mailto:Hsinching.Wu001@umb.edu) or 716-238-1878. If you have any questions about your rights as a research subject, you may contact the University of Massachusetts Boston Institutional Review Board at 617-287-5374 or at [human.subjects@umb.edu](mailto:human.subjects@umb.edu). The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

**Documentation of Consent:**

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and the possible hazards and inconveniences have been described to my satisfaction. I understand I can withdraw at any time. My signature also indicates that I have received a copy of this consent form.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Obtaining Consent

**Consent Form DTA Employees for Participation in a Research Study  
University of Massachusetts Boston**

**Principal Investigator:** Kate-Marie Roycroft

**Study Title:** SNAP: An evaluation of how families decide what to eat

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Introduction

You are invited to participate in a research study to evaluate how families who are part of the Supplemental Nutritional Assistance Program (SNAP) decide what food to purchase and how this correlates to chronic diseases, specifically obesity, families that participate in the SNAP program. You are being asked to participate you are employed at the Department of Transitional Assistance (DTA) working within the SNAP program.

Why is this study being done?

The purpose of this research study is to examine the reasons that families within the SNAP program choose the type of food they purchase and eat and how this correlates to chronic disease. A secondary reason this study is being conducted is to assess the focus of the DTA on educating their clients on the benefits of nutritional food. This study will contribute to our understanding of the availability and cost of nutritional food in urban areas and how this effects families that participate in the SNAP program and their health.

What are the study procedures? What will I be asked to do?

If you agree to participate in this study, you will be asked to participate in an interview conducted by the principal investigator. The interview will ask you questions about your job, the clients you oversee, the type of educational information the DTA offers them, and the focus on the DTA on this educational information. The survey will take about 45 minutes to complete.

The survey will not contain your name or any other identifiable information.

What are the risks or inconveniences of this study?

The questions in the interview will ask you reflect on your job and the department you are employed with.

Will I receive payment for participation? Are there costs to participate?

There are no costs to participate. You will not receive payment for participation.

How will my personal information be protected?

The following procedures will be used to protect the confidentiality of your data. The researcher will keep all study records (including any codes to your data) locked in a secure location. Research records will be secured with a code. Research records will be labeled with a code. A master key that links names and codes will be maintained in a separate and secure location. The master key and audio tapes will be destroyed 5 years after the completion of the study. All

electronic files (e.g. database, interview transcripts, etc) will be house on a computer with a locked password for the computer and for the worksheet. Only the principal investigator will have access to passwords. Data that will be shared with others will be coded as described above to help protect your identity. At the conclusion of this study, the researcher will publish the findings. You will not be identified.

Can I stop being in the study and what are my rights?

You do not have to be in the study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide you do not want to participate. You do not have to answer any questions you do not want to answer.

Who do I contact if I have questions about the study?

I would be happy to answer any questions you have about the study. If you have further questions about this project or if you have a research related problem, you may contact the principal investigator, Kate-Marie Roycroft at [Kate-Marie.Roycrof001@umb.edu](mailto:Kate-Marie.Roycrof001@umb.edu) or 978-270-2688. You may also contact Michael Ahn at [Michael.Ahn@umb.edu](mailto:Michael.Ahn@umb.edu) or 617-287-6970 or Hsin-Ching Wu at [Hsinching.Wu001@umb.edu](mailto:Hsinching.Wu001@umb.edu) or 716-238-1878. If you have any questions about your rights as a research subject, you may contact the University of Massachusetts Boston Institutional Review Board at 617-287-5374 or at [human.subjects@umb.edu](mailto:human.subjects@umb.edu). The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

**Documentation of Consent:**

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and the possible hazards and inconveniences have been described to my satisfaction. I understand I can withdraw at any time. If I do not wish to be audiotaped, I have initialed the appropriate box below. My signature also indicates that I have received a copy of this consent form.

I consent to having my interview be audiotaped

I DO NOT consent to having my interview audiotaped

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Obtaining Consent

**Consent Form SNAP advocates for Participation in a Research Study  
University of Massachusetts Boston**

**Principal Investigator:** Kate-Marie Roycroft

**Study Title:** SNAP: An evaluation of how families decide what to eat

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Introduction

You are invited to participate in a research study to evaluate how families who are part of the Supplemental Nutritional Assistance Program (SNAP) decide what food to purchase and how this correlates to chronic diseases, specifically obesity, families that participate in the SNAP program. You are being asked to participate because you work as an advocate with SNAP recipients.

Why is this study being done?

The purpose of this research study is to examine the reasons that families within the SNAP program choose the type of food they purchase and eat and how this correlates to chronic disease. A secondary reason this study is being conducted is to assess the focus of the DTA on educating their clients on the benefits of nutritional food. This study will contribute to our understanding of the availability and cost of nutritional food in urban areas and how this effects families that participate in the SNAP program and their health.

What are the study procedures? What will I be asked to do?

If you agree to participate in this study, you will be asked to participate in an interview conducted by the principal investigator. The interview will ask you questions about your job, the clients you oversee, the type of educational information your organization offers them, the type of food (if any) that your organization offers them, and the focus on the DTA on this educational information. The survey will take about 30 minutes to complete.

The survey will not contain your name or any other identifiable information.

What are the risks or inconveniences of this study?

The questions in the interview will ask you reflect on your job, the organization you are employed with and the DTA.

Will I receive payment for participation? Are there costs to participate?

There are no costs to participate. You will not receive payment for participation.

How will my personal information be protected?

The following procedures will be used to protect the confidentiality of your data. The researcher will keep all study records (including any codes to your data) locked in a secure location. Research records will be secured with a code. Research records will be labeled with a code. A master key that links names and codes will be maintained in a separate and secure location. The

master key and audio tapes will be destroyed 5 years after the completion of the study. All electronic files (e.g. database, interview transcripts, etc) will be house on a computer with a locked password for the computer and for the worksheet. Only the principal investigator will have access to passwords. Data that will be shared with others will be coded as described above to help protect your identity. At the conclusion of this study, the researcher will publish the findings. You will not be identified.

Can I stop being in the study and what are my rights?

You do not have to be in the study if you do not want to. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide you do not want to participate. You do not have to answer any questions you do not want to answer.

Who do I contact if I have questions about the study?

I would be happy to answer any questions you have about the study. If you have further questions about this project or if you have a research related problem, you may contact the principal investigator, Kate-Marie Roycroft at [Kate-Marie.Roycrof001@umb.edu](mailto:Kate-Marie.Roycrof001@umb.edu) or 978-270-2688. You may also contact Michael Ahn at [Michael.Ahn@umb.edu](mailto:Michael.Ahn@umb.edu) or 617-287-6970 or Hsin-Ching Wu at [Hsinching.Wu001@umb.edu](mailto:Hsinching.Wu001@umb.edu) or 716-238-1878. If you have any questions about your rights as a research subject, you may contact the University of Massachusetts Boston Institutional Review Board at 617-287-5374 or at [human.subjects@umb.edu](mailto:human.subjects@umb.edu). The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

**Documentation of Consent:**

I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and the possible hazards and inconveniences have been described to my satisfaction. I understand I can withdraw at any time. If I do not wish to be audiotaped, I have initialed the appropriate box below. My signature also indicates that I have received a copy of this consent form.

\_\_\_ I consent to having my interview be audiotaped

\_\_\_ I DO NOT consent to having my interview audiotaped

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Obtaining Consent

**Consent Form SNAP/Food Stamp Researchers for Participation in a Research  
Study  
University of Massachusetts Boston**

**Principal Investigator:** Kate-Marie Roycroft

**Study Title:** SNAP: An evaluation of how families decide what to eat

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Introduction

You are invited to participate in a research study to evaluate how families who are part of the Supplemental Nutritional Assistance Program (SNAP) decide what food to purchase and how this correlates to chronic diseases, specifically obesity, families that participate in the SNAP program. You are being asked to participate because of your previous and current research on SNAP or food stamp participants.

Why is this study being done?

The purpose of this research study is to examine the reasons that families within the SNAP program choose the type of food they purchase and eat and how this correlates to chronic disease. A secondary reason this study is being conducted is to assess the focus of the DTA on educating their clients on the benefits of nutritional food. This study will contribute to our understanding of the availability and cost of nutritional food in urban areas and how this effects families that participate in the SNAP program and their health.

What are the study procedures? What will I be asked to do?

If you agree to participate in this study, you will be asked to participate in an interview conducted by the principal investigator. The interview will ask you questions about your research, how SNAP and access to nutritious food correlate, and the barriers preventing SNAP recipients from accessing nutritious food. The survey will take about 30 minutes to complete.

The survey will not contain your name or any other identifiable information.

What are the risks or inconveniences of this study?

The questions in the interview will ask you reflect on your research.

Will I receive payment for participation? Are there costs to participate?

There are no costs to participate. You will not receive payment for participation.

How will my personal information be protected?

The following procedures will be used to protect the confidentiality of your data. The researcher will keep all study records (including any codes to your data) locked in a secure location. Research records will be secured with a code. Research records will be labeled with a code. A master key that links names and codes will be maintained in a separate and secure location. The master key and audio tapes will be destroyed 5 years after the completion of the study. All

electronic files (e.g. database, interview transcripts, etc) will be house on a computer with a locked password for the computer and for the worksheet. Only the principal investigator will have access to passwords. Data that will be shared with others will be coded as described above to help protect your identity. At the conclusion of this study, the researcher will publish the findings. You will not be identified.

Can I stop being in the study and what are my rights?

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Who do I contact if I have questions about the study?

I would be happy to answer any questions you have about the study. If you have further questions about this project or if you have a research related problem, you may contact the principal investigator, Kate-Marie Roycroft at [Kate-Marie.Roycrof001@umb.edu](mailto:Kate-Marie.Roycrof001@umb.edu) or 978-270-2688. You may also contact Michael Ahn at [Michael.Ahn@umb.edu](mailto:Michael.Ahn@umb.edu) or 617-287-6970 or Hsin-Ching Wu at [Hsinching.Wu001@umb.edu](mailto:Hsinching.Wu001@umb.edu) or 716-238-1878. If you have any questions about your rights as a research subject, you may contact the University of Massachusetts Boston Institutional Review Board at 617-287-5374 or at [human.subjects@umb.edu](mailto:human.subjects@umb.edu). The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

**Documentation of Consent:**

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I consent to having my interview be audiotaped

I DO NOT consent to having my interview audiotaped

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Obtaining Consent