
Strategies to Improve Healthy Eating in SNAP

An Iowa Perspective

2021

 The Harkin Institute

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The Supplemental Nutrition Assistance Program (SNAP) is highly effective at addressing food insecurity, but evidence fails to show that it improves diet quality.¹ It is important to develop a range of evidence-based approaches grounded in diverse stakeholder input that support healthy eating through SNAP, particularly for children, in ways that do not increase stigma or decrease access.

There is strong evidence that incentive programs are effective at increasing healthier purchases and healthy food consumption; however, there is limited evidence that increasing consumption of healthy food changes overall diet quality, specifically purchase and consumption of unhealthful foods such as sugary foods and beverages.

Identifying appropriate strategies to promote healthy eating among SNAP recipients are important to a wide range of stakeholders. Methods to improve diet quality in the SNAP has been a highly contested topic in the public health and anti-hunger professions for years and is increasingly of interest to policymakers. As the largest federal food assistance program, SNAP directly and indirectly touches millions of people by addressing food security, reducing poverty, responding to natural disasters and economic downturns and stimulating economic development and growth.

Over the last year, the Harkin Institute for Public Policy & Citizen Engagement (THI) in collaboration with the Center for Science in the Public Interest (CSPI), sought to develop recommendations for additional approaches and policies that build on the existing local, statewide, and national strategies for better supporting healthy eating for people using SNAP benefits. The project in Iowa is modeled after similar work in Massachusetts and Pennsylvania.

Data gathered from in-person stakeholder convenings, individual interviews with SNAP recipients, interviews with food retailers, and state-wide polling, was used to create recommendations to inform the potential impact, feasibility, barriers, and supports for future pilot projects to test strategies to better support healthy eating among SNAP recipients. The aims of the project include:

- Develop stakeholder-informed recommendations for pilot approaches that could be tested in Iowa to better support healthy eating among SNAP recipients,
- Explore SNAP **recipients'** perceptions of strategies to better support healthy eating among SNAP recipients,
- Explore SNAP **retailers'** perceptions of strategies to better support healthy eating among SNAP recipients to address possible concerns about feasibility, refine messaging, and cultivate retailer buy-in,
- Assess the attitudes of the general public, as well as SNAP participants and SNAP-eligible individuals, toward various options for supporting healthy eating through SNAP.

The following report summarizes the data collected, stakeholder-informed recommendations, and overall conclusion on which strategies have the greatest potential to be successful. Table 1 summarizes the opinions of the different Iowa stakeholders and the support for various strategies to support healthy eating.

Overall, top recommendations for healthy SNAP pilots include:

- Expand fruit and vegetable incentives in Iowa
- Opt-in programs providing fruit and vegetables incentives in exchange for not purchasing unhealthy items
- Increase retail healthy marketing strategies

¹Andreyeva, T., Tripp, A. S., & Schwartz, M. B. (2015). Dietary Quality of Americans by Supplemental Nutrition Assistance Program Participation Status. *American Journal of Preventive Medicine*, 49(4), 594–604. doi: 10.1016/j.amepre.2015.04.035

Table 1: Level of Support for Healthy Eating Strategies

	Key Informants	Convening Stakeholders	IA Poll Respondents (SNAP/Non-SNAP)	SNAP Recipients	SNAP Retailers
Healthy Retail Marketing Strategies	Supported by 13 of 13 (100%) of key informants	Supported by 25 of 38 (65.8%) of stakeholders	Level of support was similar among SNAP/non-SNAP respondents (58%)	Strong support for 2-for-1 specials and coupons for healthy food; low support for signs and labels calling out healthy options	Moderate to strong support for pricing and product placement strategies (concerns about pilot costs and support from vendors)
Expanding DUFB Incentive Program to Include Non-Fresh Produce	Supported by 11 of 13 (84.6%) of key informants	Supported by 22 of 38 (57.9%) of stakeholders	Not discussed	High support	High support (concerns about logistics, technology, and corporate buy-in)
Expanding DUFB Incentive Program to More Retailers	Supported by 11 of 13 (84.6%) of key informants	Supported by 16 of 38 (42.1%) of stakeholders	Not discussed	Not discussed	High support (concerns about logistics, technology, and corporate buy-in)
Opt-in Program Providing Produce Incentives in Exchange for not Purchasing SSBs	Supported by 10 of 13 (76.9%) of key informants	Supported by 17 of 38 (44.7%) of stakeholders	Supported by 52%/69.5% of respondents	More support compared to SSB disallowance alone	Moderate support (concerns about reduced autonomy)
Stronger SNAP Retailer Stocking Standards	Supported by 10 of 13 (76.9%) of key informants	Low support (was discussed but not recommended)	Level of support was similar among SNAP/non-SNAP respondents (68%)	High support for having a wide variety of healthy products available	Low to moderate support (concerns about space restraints and inability to meet standards)
Disallowing SSBs in SNAP	Supported by 8 of 13 (61.5%) of key informants	Supported by 1 of 38 (2.6%) of stakeholders	Supported by 39.1%/76.1% of respondents	Very low support	Moderate support (concerns about reduced autonomy)

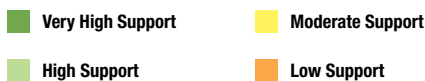


Table 1: Summary of opinions from Iowa stakeholders regarding recommendations for healthy eating through SNAP. Data was obtained through interviews with qualitative SNAP recipients, SNAP retailers, and key informants; in-person discussions at convenings with SNAP stakeholders; and online polling of lowans, including SNAP recipients. Existing incentive programs include the Double Up Food Bucks (DUFB) in Iowa, which allows SNAP recipients to be matched dollar for dollar for fresh produce at farmers’ markets and some grocery stores. American Heart Association defines a sugar-sweetened beverage (SSB) as any beverage with added caloric sweetener including soda, other carbonated soft drinks, fruit drinks, sports drinks, energy drinks, powdered drinks, sweetened tea or coffee drinks and flavor-enhanced water. Caloric sweeteners include high fructose corn syrup, cane sugar, fructose, fruit juice concentrate, glucose, sucrose, honey, brown sugar, dextrose, agave syrup and corn sweetener. It does not include water, diet soda drinks, 100% fruit juice, low-fat or fat-free milk, or unsweetened coffee or tea.

Although food is not considered a right under our Constitution, it is a basic necessity. The ability to access food should be a top priority for everyone, regardless of food security status. Food is a driver of many important aspects in our society: economic growth and job creation, poverty reduction, reduced healthcare needs, improved overall health, and creation of trade opportunities. Since 1939, the federal government has recognized the importance of food security for economic and population health benefits and invested in policies, including the Supplemental Nutrition Assistance Program (SNAP) along with fourteen other federal food and nutrition assistance programs, to promote food security.

In 2019, SNAP provided more than \$60 billion in benefits to approximately 35.7 million Americans with more than 260,000 participating retailers (SNAP benefits are used at the majority of large and small grocery stores, convenience and specialty stores, and farmers markets).²

The program effectively addresses food security, reduces poverty, responds to natural disasters and economic downturns, and provides economic stimulus—\$1 billion of additional monthly SNAP expenditures result in new spending with increases in GDP by \$1.54 billion, supports 13,560 jobs, and creates \$32 million in farm income.³ However, research shows SNAP participation may not improve dietary quality for low-income Americans.

Inequities in sufficient resources and access to nutritious food are a result of our current food system. For decades, the food system in America has prioritized profits over person by pushing cheap, unhealthy calories. People from marginalized racial backgrounds are unfairly impacted by policies that exacerbate food insecurity and in turn, preventable disease. Poor diet quality is a leading contributor to death and disability, and low-income, food insecure Americans are disproportionately impacted by diet-related disease, including diabetes and hypertension, costs often borne by the public, through Medicaid, Medicare, and public employee insurance.⁴

There is a missed opportunity to support healthier eating for millions of American adults and children. Leveraging the Supplemental Nutrition Assistance Program (SNAP) to help people afford nutritious food and improve the food environment is one strategy that holds promise. SNAP is the largest of 15 federal food assistance programs, providing benefits to millions of Americans, including more than 350,000 Iowa residents. Any changes in SNAP will have an immediate impact on the millions of low-income participants (half of whom are children), and the potential to reshape the retail food environment for all.

There is compelling evidence that SNAP alleviates food insecurity, but evidence of SNAP's effect on diet quality is mixed.^{5,6,7} The USDA's Economic Research Service found the evidence "inconclusive" in 2012 with regard to whether SNAP participation improved participants' diet quality.

² U.S. Department of Agriculture, Food and Nutrition Service. Supplemental Nutrition Assistance Program (SNAP) National Level Annual Summary (2020). <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>

³ Canning, Patrick and Brian Stacy. The Supplemental Nutrition Assistance Program (SNAP) and the Economy: New Estimates of the SNAP Multiplier, ERR-265, U.S. Department of Agriculture, Economic Research Service, July 2019.

⁴ Jardim, T. V., Mozaffarian, D., Abrahams-Gessel, S., Sy, S., Lee, Y., Liu, J., Huang, Y., Rehm, C., Wilde, P., Micha, R., & Gaziano, T. A. (2019). Cardiometabolic disease costs associated with suboptimal diet in the United States: A cost analysis based on a microsimulation model. *PLoS medicine*, 16(12), e1002981. <https://doi.org/10.1371/journal.pmed.1002981>

⁵ Keith-Jennings, B., Llobrera, J., & Dean, S. (2019). Links of the Supplemental Nutrition Assistance Program With Food Insecurity, Poverty, and Health: Evidence and Potential. *American journal of public health*, 109(12), 1636-1640.

⁶ Nguyen, B. T., Shuval, K., Bertmann, F., & Yaroch, A. L. (2015). The Supplemental Nutrition Assistance Program, food insecurity, dietary quality, and obesity among US adults. *American journal of public health*, 105(7), 1453-1459.

⁷ U.S. Department of Agriculture, Economic Research Service. Does SNAP Decrease Food Insecurity?: Untangling the Self-Selection Effect (2009). https://www.ers.usda.gov/webdocs/publications/46295/10977_err85_1_.pdf?v=0

Healthy Eating Index scores (a USDA measure of diet quality as compared to recommendations in the Dietary Guidelines for Americans) for adult SNAP participants are no better (46 out of a possible 100 points) than income-eligible adults not receiving SNAP benefits (50 points). Adult SNAP participants scored lower for consumption of fruits, vegetables, and whole grains. In general, food insecurity is associated with lower diet quality, in some cases regardless of race, age, or gender.⁸

Currently, efforts to encourage healthier eating by SNAP recipients are pursued through the SNAP Nutrition Education (SNAP-Ed) program and through pilot incentive programs (such as the Gus Schumacher Nutrition Incentive Program formerly referred to as the Food Insecurity Nutrition Incentive or FINI program) funded through the farm bill, states, localities, and private funds to encourage fruit and vegetable intake.

Several states and localities have called for limits on certain food purchases through SNAP to support health and reduce health care costs. For example, New York City asked USDA for a waiver to allow it to limit sugar-sweetened beverage purchases through SNAP (it has been estimated that as much as \$4 billion in SNAP benefits nationally are spent on soda and other nutritionally devoid sugar sweetened beverages, contributing to obesity and diverting funds from healthier food). In addition, officials in Maine, Minnesota, South Carolina, Wisconsin, and other jurisdictions have proposed restricting purchases of unhealthy foods with SNAP benefits; some of these proposals are health based and others are punitive in intent.

It is important to better leverage the SNAP program to support healthy eating, but to do so in a way that does not increase stigma or decrease access. Better addressing nutrition through SNAP is truly a bipartisan policy, bridging the gap between anti-poverty work and nutrition programs in addition to reducing attacks by those who wish to defund the program altogether.

Background

Momentum is building in support of testing approaches to boost healthy eating through SNAP.

The 2008 Farm Bill renamed the Food Stamps Program to Supplemental Nutrition Assistance as a way to emphasize the importance of nutrition within the program. It could be inferred that with nutrition in the title, SNAP is a program that values nutritious and adequate dietary intake; however, the program has not addressed the disparity in diet quality and in turn, diet-related health consequences between SNAP recipients and their non-eligible counterparts.⁹ Growing evidence continues to demonstrate the co-occurrence of food insecurity with being overweight, particularly among certain groups.¹⁰

⁸ Leung, C. W., Wolfson, J. A., Lahne, J., Barry, M. R., Kasper, N., & Cohen, A. J. (2019). Associations between Food Security Status and Diet-Related Outcomes among Students at a Large, Public Midwestern University. *Journal of the Academy of Nutrition and Dietetics*, 119(10), 1623–1631. <https://doi.org/10.1016/j.jand.2019.06.251>

⁹ Hanson, K. L., & Connor, L. M. (2014). Food insecurity and dietary quality in US adults and children: a systematic review. *The American journal of clinical nutrition*, 100(2), 684–692. <https://doi.org/10.3945/ajcn.114.084525>

¹⁰ Larson, N. I., & Story, M. T. (2011). Food insecurity and weight status among U.S. children and families: a review of the literature. *American journal of preventive medicine*, 40(2), 166–173. <https://doi.org/10.1016/j.amepre.2010.10.028>; Townsend, M. S., Peerson, J., Love, B., Achterberg, C., & Murphy, S. P. (2001). Food insecurity is positively related to overweight in women. *The Journal of nutrition*, 131(6), 1738–1745. <https://doi.org/10.1093/jn/131.6.1738>; Eisenmann, J. C., Gundersen, C., Lohman, B. J., Garasky, S., & Stewart, S. D. (2011). Is food insecurity related to overweight and obesity in children and adolescents? A summary of studies, 1995–2009. *Obesity reviews: an official journal of the International Association for the Study of Obesity*, 12(5), e73–e83. <https://doi.org/10.1111/j.1467-789X.2010.00820.x>; Dinour, L. M., Bergen, D., & Yeh, M. C. (2007). The food insecurity-obesity paradox: a review of the literature and the role food stamps may play. *Journal of the American Dietetic Association*, 107(11), 1952–1961. <https://doi.org/10.1016/j.jada.2007.08.006>

The 2008 Farm Bill (The Food, Conservation, and Energy Act of 2008) (P.L. 110-234) was the first to put meaningful resources towards pilots to improve the diet quality of SNAP recipients. The Farm Bill provided \$20 million in mandatory funding for the Healthy Incentive Pilot (HIP) to test point-of purchase incentives for fruit and vegetables.¹¹ Massachusetts administered and evaluated the original pilot in 2008. Using a model created by Wholesome Wave, the pilot gave SNAP recipients a 30-cent incentive for every SNAP dollar they spent on fruits and vegetables, including canned and frozen.

The pilots proved to be successful, increasing intake of healthy food among SNAP recipients: participants consumed ~26% more fruits and vegetables and reported higher consumption of dark leafy greens, as well as orange and red vegetables such as carrots and tomatoes (all of which are vegetable subgroups underconsumed by the vast majority of the population).¹² Purchasing practices changed as well; about two-thirds of the participants reported buying more and a great variety of fruits and vegetables. The pilot also increased the purchasing power of the participants. Nearly 75% said buying fruit and vegetables had become more affordable.¹³

The success of HIP led to additional investment in incentive programs. The 2014 Farm Bill provided \$100 million in mandatory funding over the following five years to create the Food Insecurity Nutrition Incentive (FINI) grant program.¹⁴

Between 2014-2018, FINI-funded SNAP produce incentive programs in twenty-seven states using many different forms including: more than nine hundred farmers' markets; more than seventy farm stands, community supported agriculture (CSA) sites, mobile markets, co-ops, and more than fifty grocery and corner stores in both rural and urban communities.

Like the original Food Stamp Program, FINI is a win-win for people and the economy. According to a 2018 qualitative report with FINI grantee and stakeholders, FINI projects results showed a myriad of benefits: increased fruit and vegetables purchasing and intake; a lower stakes opportunity to try new, healthy food; improved health outcomes such as weight loss and chronic disease management; and increased efficacy to navigate project sites.¹⁵ The FINI grantees and stakeholders also reported the perceived benefit to the local economies. According to a few grantees, every \$1 spent with SNAP resulted in \$1.80 economic growth.

What started with a 2008 pilot project developed into a million-dollar mandatory funded program that continues to grow and evolve. The 2018 Farm Bill increased funding to \$250 million over five years, of which \$20 million dollars will be used to establish the Produce Prescription Program.

¹¹ Food Conservation, and Energy Act of 2008, H.R. 2419, 110th Cong. § 4141 (2008). <https://www.congress.gov/bill/110th-congress/house-bill/2419/text>

¹² U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. Chapter 2: Shifts Needed To Align With Healthy Eating Patterns. 8th Edition. December 2015. Available at <https://health.gov/our-work/food-and-nutrition/2015-2020-dietary-guidelines/>.

¹³ H.R. 2642; U.S. Department of Agriculture. Office of Policy Support, Evaluation of the Healthy Incentives Pilot (HIP) final report – Summary (2014), <https://fns-prod.azureedge.net/sites/default/files/ops/HIP-Final-Summary.pdf>; Olsho, L. E., Klerman, J. A., Wilde, P. E., & Bartlett, S. (2016). Financial incentives increase fruit and vegetable intake among Supplemental Nutrition Assistance Program participants: randomized controlled trial of the USDA Healthy Incentives Pilot. *The American journal of clinical nutrition*, 104(2), 423–435. <https://doi.org/10.3945/ajcn.115.129320>

¹⁴ FINI Grant Program, U.S. Department of Agriculture, Food and Nutrition Services. <https://www.fns.usda.gov/snap/FINI-Grant-Program>; Food Insecurity Nutrition Incentive (FINI) Grant Program, USDA.

¹⁵ Parks, C.A., Stern, K.L., Fricke, H.E., Clausen, W., & Yaroch, A.L. A Qualitative Evaluation of the United States Department of Agriculture's Food Insecurity Nutrition Incentive Grant Program. (2018). Omaha, NE: Gretchen Swanson Center for Nutrition. Prepared for: Healthy Eating Research. <https://static1.squarespace.com/static/58a4dda16a49633eac5e02a11/5baaa931e5e5f0b78f5d3ae6/1537911107757/HER+FINI-updated.pdf>

The systematic study and implementation of healthy eating incentives in SNAP has led to significant changes to individual practices and national policies. While it is important to maintain the use and assessment of healthy eating incentives, it is essential to explore how additional strategies can support both increased intake of nutrient-dense food and limiting intake of less nutritious foods.

In January 2016, the National Hunger Commission¹⁶ — a bipartisan panel of experts in domestic hunger convened to advise Congress and the USDA — called for improving SNAP to better support healthy eating by:

- Using financial incentives to encourage SNAP recipients to purchase fruits, vegetables, high-quality proteins, whole grains, and other healthy foods and promote cost-sharing opportunities with states, nonprofits, and municipal governments to incentivize purchases of healthy foods.
- Employing evidence-based product placement strategies that encourage purchase of healthy products with SNAP benefits, and tie it to SNAP eligibility for stores.
- Not allowing sugar-sweetened beverages to be purchased with SNAP benefits.
- Reforming SNAP-Education to ensure that states use state-of-the-art nutrition education that is effective, relevant, and meaningful to SNAP participants that are likely to lead to measurable improvements in the health of SNAP recipients.

In March 2018, the Bipartisan Policy Center's SNAP Task Force, a bipartisan 13-member task force co-chaired by Former Senate Majority Leader Bill Frist and former agriculture secretaries Dan Glickman and Ann Veneman, made similar recommendations and requested \$100 million for research on ways to better support healthy eating through SNAP in the next farm bill.¹⁷ Their other action steps included:

- Adding diet quality as a core SNAP objective.
- Removing sugar-sweetened beverages from the list of items that can be purchased with SNAP benefits. If that is not feasible, authorize a pilot to test additional fruit and vegetable incentives while not being able to purchase sugar-sweetened beverages with SNAP benefits.
- Continuing and strengthening incentives for purchasing fruits and vegetables.
- Improving SNAP data collection. The USDA does not currently have the authority to collect store-level SNAP food-purchase data, making it difficult to evaluate diet quality and purchasing patterns of SNAP recipients.
- Strengthening SNAP retailer standards by implementing new stocking rules that increase the availability of healthy foods at SNAP retailers.
- Study the feasibility of including evidence-based product-placement strategies and restrictions on the marketing of unhealthy products by SNAP retailers.
- Strengthening SNAP-Education infrastructure to support implementation and evaluation of the program.

In order to strengthen SNAP's public health and nutrition impact, we must develop a range of evidence-based approaches, grounded in diverse stakeholder input and engagement, that do not increase stigma or decrease access. Better addressing nutrition through SNAP can also help to inoculate the program from attacks by opponents whose aim it is to defund the program.

¹⁶ National Commission on Hunger. Freedom from Hunger: An Achievable Goal for the United States of America. Recommendations of the National Commission on Hunger to Congress and the Secretary of the Department of Agriculture. 2015. <https://cybercemetery.unt.edu/archive/hungercommission/20151217000051/http://hungercommission.rti.org/>

¹⁷ Bipartisan Policy Center. Leading with Nutrition: Leveraging Federal Programs for Better Health. Mar 12, 2018. <https://bipartisanpolicy.org/wp-content/uploads/2019/03/BPC-Health-Leading-With-Nutrition.pdf>

Healthy Snap Research in Iowa

In late summer and fall of 2019, The Harkin Institute (THI) and the Center for Science in the Public Interest (CSPI), set out to develop recommendations for pilot approaches that can be tested to better support healthy eating among SNAP recipients. Using a similar model of consensus building that CSPI implemented in two other states (Pennsylvania and Massachusetts), THI and CSPI worked with a comprehensive group of Iowa stakeholders, retailers, and SNAP-recipients to:

- Develop consensus for a proposal for one or more pilot project(s) to support and encourage healthy eating by SNAP recipients, working closely with stakeholders to explore the level of support for approaches, such as:
 - Incentives for or ways to reduce the costs of healthy foods;
 - Increase access to healthy options through changes to shelving requirements for retailers and other approaches;
 - Changes to retail store layout and in-store marketing to support healthy eating and discourage the purchase of unhealthy foods;
 - Changing the distribution frequency and amount of SNAP benefits;
 - Discouraging the purchase of high-calorie, nutrition-poor foods;
 - Comparing limits on sugar sweetened beverages to incentives for healthy beverage purchases;
 - Tying limits on unhealthy foods to incentives; and
 - Strengthening SNAP-Ed to reach more people with stronger interventions.

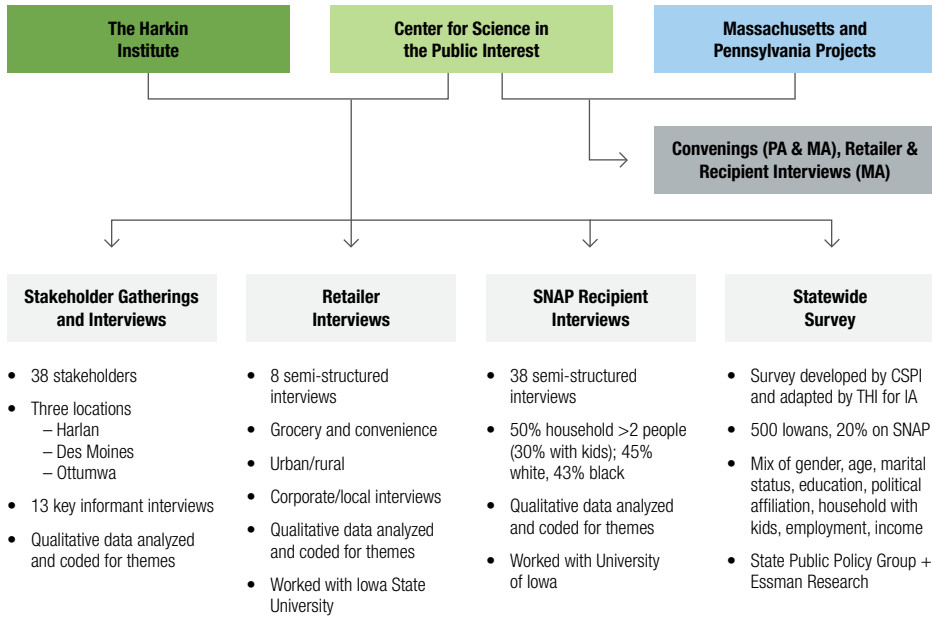
Major elements of this project included:

- expert interviews with key health and anti-hunger stakeholders (n=13);
- convening regional SNAP stakeholder roundtables (Ottumwa, Des Moines, Harlan);
- individual interviews with SNAP **recipients** to explore perceptions of strategies to better support healthy eating among SNAP recipients (n=37);
- individual interview with SNAP **retailers** to address possible concerns about feasibility, refine messaging, and cultivate retailer buy-in (n=8);
- statewide polling to assess the attitudes of the general public, as well as SNAP participants and SNAP-eligible individuals, toward various options for supporting healthy eating through SNAP (n=500).

It is important to hear from SNAP participants directly about how they think changes would support healthy eating, potentially affect their participation in the program (either positively or negatively), add stigma, or provide a meaningful incentive to participate in SNAP. Focus group and polling results also are important for framing communications and building support from the public, policymakers, and other advocates.

A summary of the results is included in the following report.

Table 1: Iowa Healthy SNAP Methodology



Summary

The Supplemental Nutrition Assistance Program (SNAP- originally Food Stamp Program of 1939) was created to keep food prices fair for farmers and consumers, ensure an adequate food supply, and protect and sustain the country's natural resources. Today, SNAP maintains those goals, with modern additions of reducing food insecurity, supporting local economies, and improving nutrition for clients.¹⁸ Although SNAP should have an effect on diet quality and overall health, a wide range of stakeholders in anti-hunger and public health recognize a need better promote healthy eating among SNAP clients.

The following findings represent Iowa stakeholders' perspective on how diet-quality could be improved for SNAP (referred to as Food Assistance in Iowa) clients, gathered from interviews and in-person group convenings. The full findings were evaluated based on opportunities and barriers for implementing several strategies to support healthy eating in SNAP. Results are presented visually and interpreted to illustrate the consensus of stakeholder participants. Here we conclude that pilot strategies involving the following three components have the highest support of Food Assistance (SNAP) stakeholders: expansion of types of items included in financial incentives, financial incentives for fruits and vegetables with a focus on rural communities, and increased healthy marketing strategies.

Top Recommendations from Key Informants and Stakeholder for Healthy SNAP pilots:

- Expand F&V incentives to include frozen, canned with a limit for sodium, added sugars
- Expand F&V incentive pilots to more types of retailers and rural areas
- Increase healthy checkout, placement, and marketing strategies

Key Informant Interview and Convening Participants

Iowa stakeholders were identified through a variety of channels, including a stakeholder advisory group and national, state, and local partners. Stakeholders and key informants (ST) were selected based on their expertise and experience with public health, nutrition, or food insecurity, and with the Food Assistance (SNAP) program. Individual participants of the key informant (KI) interviews (n=13) and convenings (n=38) represent Central, Eastern, Western, and Statewide work in the sectors of hunger relief, public health, nutrition education, economic research, health care, and community economic development with focuses on urban, suburban, and rural health. **Unless otherwise specified, ST refers to both KI interviewees and ST convening attendees.**

Prior to each roundtable and interview, THI and CSPI shared background information with participants, including recommendations from the National Commission on Hunger and Bipartisan Policy Center, materials on in-store marketing strategies, a one-page summary of SNAP in Iowa, and a summary of the state of the research on SSB and dietary quality. Interview questions were also shared with participants in advance.

Interviews

THI and CSPI completed 13 one-on-one, structured in-depth interviews with Iowa stakeholders (i.e., key informant interviewees, KI). The interviews were used to gain additional information from key health, hunger, and community stakeholders in Iowa and capture perspectives from individuals who were unable to attend the in-person convening. Interviews were conducted over the phone (n = 11) or in person (n = 2) between June 2019 and August 2019. Interviews lasted between 30-60 minutes and were conducted by THI and CSPI staff.

¹⁸ Marion Nestle, "The Supplemental Nutrition Assistance Program (SNAP): History, Politics, and Public Health Implications", *American Journal of Public Health* 109, no. 12 (December 1, 2019): p.1631.

KI interviews were transcribed and coded for themes including commonly mentioned implications of pilot options and top recommendations for healthy Food Assistance (SNAP) strategies that could be tested in Iowa. The nine codes are organized into barriers and opportunities to support healthy Food Assistance (SNAP) pilots. Anonymous direct quotes from interviews that illustrate various beliefs are used in the recommendation section.

Convenings

In August 2019, THI and CSPI brought together Iowa ST from anti-hunger, public health, government, and academic groups to generate ideas and cultivate consensus for pilot approaches to support healthy eating through SNAP. Convening locations were chosen to represent rural, suburban, and urban communities across Iowa.

Table 1: Convening Locations Basic Demographics

City/Town	Population (n) 2017 Estimate ¹⁹	Unemployment Rate (%) ²⁰	Food Insecure Residents (n) ²¹	SNAP Participation Rate (%) ²²
Harlan	5,008	2.7%	1,180	36.0%
Ottumwa	24,454	7.4%	4,620	51.3%
Des Moines	217,521	7.1%	53,650	65.7%

Table 1: Basic demographic information on each convening county location is located on the left.

THI and CSPI convened three roundtables across the state—in Ottumwa on August 5, 2019 with 8 participants; Des Moines on August 6, 2019 with 22 participants; and Harlan on August 7, 2019 with 8 participants. Convenings lasted ~3-4 hours. Food and beverages were provided.

For the Des Moines roundtables, ST self-selected into one of two groups for focused discussions on pilot strategies related to 1) in-store marketing or 2) incentives and disincentives. The Ottumwa and Harlan convenings discussed both pilot ideas as a large group due to the smaller number of attendees. These two themes were selected based on research by experts as key areas for exploration and further consensus-building.²³ To provide consistency and structure, CSPI led facilitated discussions for each convening. In Des Moines, the groups reconvened and discussed the proposed pilot strategies to identify top recommendations for future pilots. ST were each given an index card to blindly record their top three recommendations. The index cards were collected at the end of the convening. The top recommendations from the blind ballot were tallied and are presented by region.

¹⁹ 2010 Census, 2012-2016 American Community Survey 5-year period estimates and annual population estimates from the United States Census. State Data Center. Available at: <https://www.iowadatacenter.org/city-quick>

²⁰ Ibid. 13

²¹ Feeding American county-level data methodology. Available at: https://www.feedingamerica.org/research/map-the-meal-gap/how-we-got-the-map-data?_ga=2.139407093.772466101.1555357412-896783760.1553194710&_src=W194ORGSC

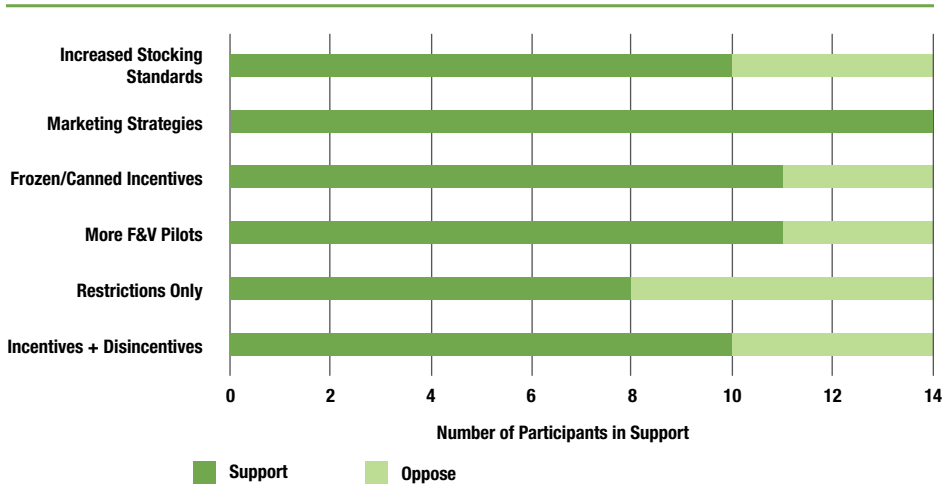
²² Iowa DHS Food Assistance Reports. Available at: <https://dhs.iowa.gov/reports/food-assistance-reports>

²³ Bipartisan Policy Center. "Leading with Nutrition: Leveraging Federal Programs for Better Health, Recommendations from the BPC SNAP Task Force." March 2018. <https://bipartisanpolicy.org/wp-content/uploads/2019/03/BPC-Health-Leading-With-Nutrition.pdf>

Findings

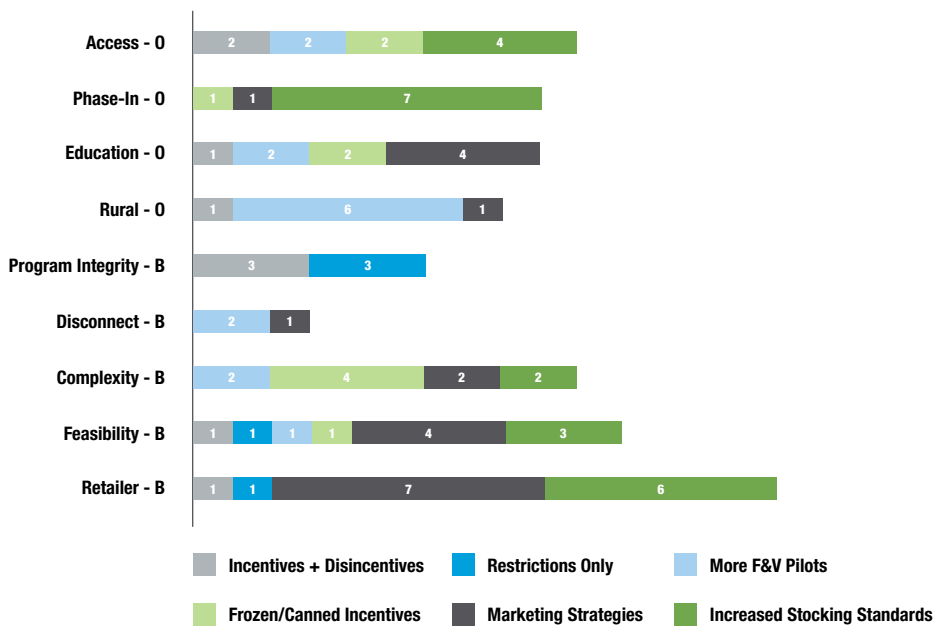
Overall, pilot strategies involving the following three components have the highest support of Iowa Food Assistance (SNAP) KI: expansion of types of items included in financial incentives, financial incentives for fruits and vegetables with a focus on rural communities, and increased healthy marketing strategies.

Graph 1: Support and Opposition for Pilot Options (n=13)



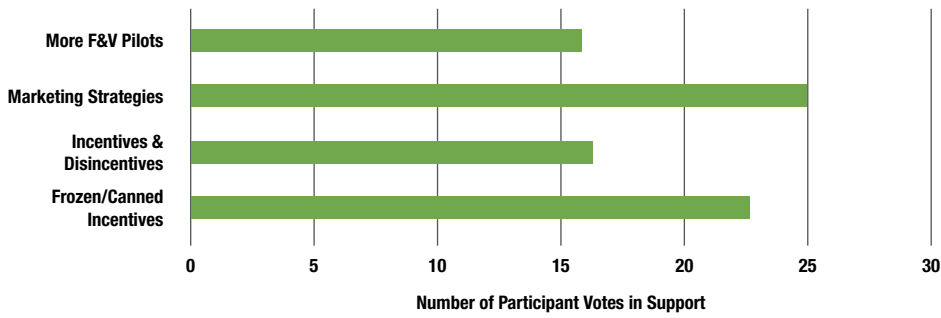
Graph 1: Depicts the number of KI who support and oppose each strategy. A pilot strategy to test marketing strategies to incentivize healthy purchases received unanimous support. Piloting restrictions to SNAP eligible purchases, such as disallowing sugar sweetened beverages (SSB), received the largest percentage of opposition with four out of thirteen KI opposing.

Graph 2: Frequency of Code Mentions (n=13)



Graph 2: Represents the number of times each code was voiced according to the pilot option in discussion. The color key represents the six pilot strategies, while the numerals represent the number of times a pilot was associated with a code. O = Opportunity, B = Barrier. An expanded table describing the opportunities and barriers of each pilot option can be found in Table 2.

Graph 3: Pilots and Votes of Support from Three Convenings (n=38)



Graph 3: Depicts the four pilot strategies that received the highest number of support votes from the three convenings combined. Marketing Strategies received 25 votes, Frozen/Canned Incentives received 22 votes, Incentives + Disincentives received 17 votes, and More F&V Pilots received 16 votes of support.

Convening Qualitative Results by Location

Table 2: Ottumwa

Comments and Concerns	
Disincentives	<p>Concern of paternalism, the sense of taking away an individual's ability to make food decisions for themselves.</p> <p>Must consider effect on overall SNAP purchases and participation rate if disincentives are piloted.</p> <p>Start small by making disincentives opt-in and work with socially-responsible retailers.</p> <p>Engage SNAP-Ed and retailers to create promotional campaign involving social media and organizations that do SNAP referrals and incentives.</p>
Healthy Marketing Strategies	<p>Could limit checkouts to only beverages or set a percentage of foods and beverages at checkout that must be healthy.</p> <p>Leverage retailer programs like "dietitian pick of the month".</p> <p>Promote or only allow healthy items at end caps.</p>

Table 3: Des Moines

Comments and Concerns	
More F&V Incentives	<p>F&V incentives should be expanded to more grocery stores because low-income SNAP clients do not do the majority of their grocery shopping at farmer's markets.</p> <p>Local grocers could be a good partner for a pilot.</p> <p>Funding and the amount of the incentive are critical issues.</p> <p>Retailers promoting incentives could promote the same F&V they are selling to schools participating in the Fresh Fruit and Vegetable Program.</p>
Incentives + Disincentives	<p>Policies to restrict purchase options, such as for SSBs, present a threat to federal funding because of the desire to uphold "consumer choice".</p> <p>Advocates are interested in testing disincentives on SSBs, taking into account experiences with stigma in pilot strategies.</p> <p>Agreement with public health studies that say SSBs should not be included in SNAP, but outright ban is paternalistic punishment.</p> <p>Most successful pilot using disincentives would be paired with incentives and combined with SNAP-Ed for nutrition education.</p> <p>Diet quality should be the major indicator for evaluation and can be measured with self-reported consumption rates, health care costs, economic productivity, and household income.</p> <p>Promote idea that people on public assistance programs have a need to reduce their health care costs.</p>

Table 4: Harlan

Comments and Concerns	
Healthy Marketing Strategies	<p>Remove sugary beverages from checkout lines and increase incentive for retailers on healthy product placement.</p> <p>Help retailers design affordable and healthy meal kits that qualify under SNAP.</p> <p>Public policy on how smoking was prevented may be pertinent to conversations on how to curb unhealthy eating.</p> <p>Children that attend schools with Farm to ECE programs have been shown to ask their parents to buy healthy foods that they learned about at school.</p> <p>Trying to increase access to healthier foods at convenience stores may be difficult as their managers have less control over product placement as larger retailers do.</p> <p>Shopping for groceries online may be helpful for SNAP participants due to greater convenience, avoidance of key placement of unhealthy products, and potential to provide nutrition information within shopping apps.</p>
Incentives + Disincentives	<p>Desire to expand DUFB to rural areas.</p> <p>SNAP participants may not want to buy fresh foods because they will spoil. A remedy for this issue is allowing frozen vegetables to count for SNAP.</p> <p>Design an "opt-in" program that disincentivizes the purchase of soda and sugary beverages in combination with an incentive for buying fruits and vegetables.</p>

Tables 2, 3, and 4: Include the main points of discussion for top supported pilot strategies organized according to convening location.

Recommendations

Through qualitative analysis of interviews and convenings, it is clear that a pilot to increase the widespread accessibility of healthy options is strongly supported. Pilots resulting from this report are envisioned to take place in a small subset of municipalities or a select food retailers in order to test effectiveness before determining if the pilot could become a statewide policy. According to the data collected through interviews and convenings, a successful Food Assistance (SNAP) pilot may include one or more of the top three supported components. Reasons for support and implication concerns of each component are explained below.

Expand F&V Incentives to Include Frozen, Canned with A Limit for Sodium, Added Sugars

Stakeholders see expansion of F&V incentives to include frozen, canned, and/or dried F&V items (e.g. frozen spinach or canned tomatoes) as an opportunity to teach consumers about the nutritional value of produce in non-fresh forms.

For rural and low-food access areas, incentives for frozen, canned, and/or dried F&V could increase the afford-ability and accessibility of nutritious options for customers shopping on a limited budget and at convenience type retailers. ST recommend on-boarding one food retailer at a time to gradually test the implementation of frozen and canned incentives.

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) was mentioned as an example program that allows certain frozen and canned items, which could be used to inform such Food Assistance (SNAP) pilots. However, WIC serves a categorically different and smaller demographic than Food Assistance (SNAP) and aligns to nutrition recommendations for infants, pregnant, and nursing women, which is different than the diverse groups of people who benefit from Food Assistance (SNAP).²⁴

Most ST interested in expanding the types of items that are incentivized are concerned about creating a standardization or definition of included items (e.g. no added sugar, no or low sodium, etc.) that can be used across different stores and regions. *“Introducing more incentive programs waters down the message and customers get confused instead of creating a trusted brand identity.”* – Public Health Advocate, Statewide. Nutrition professionals believe this standardization is possible; however, the costs to implement, update, and track standardizing create a feasibility concern. Costs associated with changes to Food Assistance (SNAP) incentivized options would require employee training and reformulation of products because of the change in demand. Additionally, changes to the list of incentivized items may cause confusion for recipients and retail employees without comprehensive education. Finally, ST expressed concern that including more items would increase the cost of incentive programs, in turn requiring more grant funds.

“There are times and places where fresh F&V is not always the best option- depending on where someone is shopping. Very healthy canned and frozen options are out there.”

– Healthcare Professional, Statewide

“There is a lot of back end work on the retail side to make the incentive seamless, of course there are costs associated, how do you include all kinds of grocers that have different technology.”

– Hunger Relief and Public Health Advocate, Central Iowa

“How do you encourage healthy eating on a very limited SNAP budget and very limited budget total? Important to consider in this- can people afford the purchases that are being pushed at them?”

– Hunger Relief Advocate, Northeast Iowa

²⁴ “About WIC- WIC’s Mission.” Food and Nutrition Service, USDA. <https://www.fns.usda.gov/wic/about-wic-wics-mission>

Throughout KI interviews and ST convenings, disincentives or restrictions of SSBs received little support.

"I would rather focus on the human agency part of it, the incentives, not punishing the poor."

– Hunger Relief Advocate, Statewide

Concern for SNAP program integrity was expressed.

"General caution with too much restriction for SNAP participants that could discourage participation or may cause them to get less of what they need." – Researcher, Statewide

Expand F&V Incentive Pilots to More Types of Retailers and Rural Areas

As of Spring 2020, there are co-ops (n=5), grocery stores (n=16), and farmers market/farm stands (n=15) participating in DUFB in Iowa.²⁵ ST believe F&V incentives should be expanded to more retailers and to more rural communities.

"This work is important for small, rural places where options may be more restricted."

– Researcher, Statewide.

Low-income and SNAP shoppers do the majority of their shopping in retail stores.²⁶ The same group is less likely to shop at farmer's markets²⁷ and only 15 Iowa farmer's markets offer DUFB which is a particular concern in rural communities with limited access to fresh produce.

Increasing the retailer type and locations (including farmer's markets) where incentive programs are offered would increase F&V accessibility. ST recommend pairing incentive pilots with in-store or classroom education to increase impact, and a local retailer was identified as a good retailer partner to begin with.

Funding for incentive programs and the dollar amount given to SNAP recipients of the incentive are recognized by ST as critical issues.

ST are concerned about the cost of expanding F&V incentives- retailer cost and fear of using up the FINI grant, along with the lack of federal funding to support expanding incentives.

Experts on the implementation of incentive programs see technological and logistical needs of expanding F&V incentives to rural areas as barriers.

Further, Food Assistance (SNAP) educators and healthcare professionals believe the lack of buy-in and investment from DHS in regards to increasing F&V incentives. Beyond funding, concern about efficiency was raised.

"Eating is a generational habit. People need experience or education to use and cook veggies. I love the ISU's extension "pick a better snack," those are the kinds of things that need to be expanded."

– Hunger Relief Advocate, Eastern Iowa

"The incentive piece has to be covered with cost, and getting bigger stores to participate in DUFB would use up the FINI grant."

– Hunger Relief Advocate, Statewide

"One strategy that has been an ever-present challenge is the funding from DHS, we would love to see DHS have more of a SNAP role in their agency."

– Nutrition Educator and Researcher, Statewide

²⁵ "Double Up Food Bucks Locations." Healthiest State Initiative. 2020. <http://www.iowahealthieststate.com/resources/communities/double-up-food-bucks/locations/>

²⁶ Ver Ploeg, M., Mancino, L., Todd, J. E., Clay, D. M., & Scharadin, B. (2015). Where do Americans usually shop for food and how do they travel to get there? Initial findings from the National Household Food Acquisition and Purchase Survey (No. 1476-2017-3882).

²⁷ Section V: Statewide Polling

Increase Healthy Checkout, Placement, and Marketing Strategies

KI interviewees unanimously support a pilot to test marketing strategies for nutritious options. Piloting healthy marketing strategies is likely to increase access to healthy items through price promotion and prompting of nutritious purchases through strategic placement.²⁸

One key informant mentioned that in-store marketing strategies could have a halo effect- creating store-wide nudges to promote the selection of healthier food may influence Food Assistance (SNAP) and non-SNAP shoppers to purchase nutritious items. Another key informant suggests leveraging retailer programs such as “dietitian pick of the month” to support shoppers in making healthy choices. ST believe marketing strategies to nudge nutritious purchases should be paired with in-store educational signage, retail demonstrations, etc. and would be most feasible if introduced in gradual steps or with one retailer at a time.

ST believe that implementing marketing strategies may be difficult because of confusion or disagreement about what items are deemed “healthy.”

“Dairy restrictions add complexity to consumer choice and may discourage any consumption of a healthy product; chocolate milk may be better than no milk at all.”

– Researcher, Statewide.

Additionally, professionals in healthcare and nutrition recognize a fundamental disconnect between the goals of public health and the profit priorities of retailers and manufacturers.

For example, financial agreements between vendors and retailers, called trade-spends, pose concern because of the anticipated monetary loss for retailers when less processed food items are purchased. Food manufactures conduct trade-spends to pay retailers in order to influence which products displayed and where.²⁹

Additional Ideas Mentioned

Key informants were asked about other ideas for increasing diet quality of Food Assistance (SNAP) recipients in Iowa. KI noted that any pilot training should involve education for retailers to better serve clients whose first language is not English or who have recently moved to this country. Additionally, there is expressed interest to see healthy SNAP marketing expanded to virtual spaces through apps and collaboration with online grocery shopping. Updating the USDA Thrifty Food Plan according to the most recent inflation and nutrition understanding was also mentioned.³⁰

Additional overarching interests, not all directly related to a SNAP pilot strategies, include addressing dietary quality for all Iowans, increasing wages for low-income Iowans, increasing SNAP benefits, and increasing state funding for incentive programs.

“The more we can incentivize healthy choices, and make them more accessible, the better it will be for low-income people.”

– Hunger Relief Advocate, Central Iowa

“There is a disconnect between nutrition in SNAP and the medical community. They make billions of dollars on the fact that we are all sick. We need to change those conversations.”

– Hunger Relief Advocate, Central Iowa

“Stocking standards should allow retailers some discretion about what they offer. Retailer decision to participate has to consider the loss of revenue (ex. for one less soda variety if they put in yogurt)”

– Researcher, Statewide

²⁸ “Consumer Perceptions of Retail Checkout.” Center for Science in the Public Interest. Caravan ORC International. Checkout Polling. Online survey of 1,024 adults. December 1-4, 2016. Accessed at <https://cspinet.org/sites/default/files/attachment/hco-poll-fact-sheet.pdf>.

²⁹ “Rigged: Supermarket Shelves for Sale” Center for Science in the Public Interest. September 2016. https://cspinet.org/sites/default/files/attachment/Rigged%20report_0.pdf

³⁰ USDA has a Thrifty Food Plan for 2019, however ST claim this plan does not account enough for inflation and minimum wages. <https://fns-prod.azureedge.net/sites/default/files/media/file/CostofFoodJan2019.pdf>

Summary

In the fall of 2019, The Harkin Institute (THI) and the Center for Science in the Public Interest (CSPI), in collaboration with researchers from the University of Iowa College of Public Health, interviewed SNAP recipients (people currently enrolled SNAP and using SNAP benefits). The interviews are meant to assist with the development of stakeholder, retailer, and public-informed recommendations (Section II, IV, V), and to add to research knowledge about potential impact, feasibility, barriers, and supports for such strategies. The aim of this qualitative component of the project is to:

- **Explore SNAP recipients' perceptions of strategies to better support healthy eating among SNAP recipients**

This section of the report will focus on the findings from qualitative interviews conducted with SNAP recipients across the state of Iowa. Qualitative methods are particularly well-suited to investigate mechanisms that influence behavior, offer a narrative to complex lived experiences, and elevate the voice of impacted individuals and communities.³¹ Approximately 1 in 10 Iowans (315,473 residents) receive food assistance through SNAP.³² While the findings from this section are not representative of the entire SNAP population for this state, they do provide compelling insights on SNAP recipients views of healthy eating and improvements to SNAP policy. The recommendations presented here can be used to facilitate the development of expert-recommended pilot strategies within the state that are informed by the perspectives of SNAP recipients.

Interview Guide Development

An interview guide was developed to frame qualitative, semi-structured phone interviews conducted with SNAP recipients around the state of Iowa. The research team used focus group guides from the Massachusetts CSPI project to help develop of questions. Questions focused on: healthy foods and grocery shopping habits; budget decision-making; reactions to different expert-recommended retail; SNAP incentive/disincentive initiatives; and nutrition education opportunities. Basic demographic information was also gathered. The Harkin Institute partnered with researchers from the University of Iowa (UI) College of Public Health to develop, conduct, and analyze the interviews. The data collection protocol was approved by the University of Iowa Institutional Review Board.

SNAP Recipient Recruitment

SNAP recipients were recruited to participate using recruitment flyers and postcards distributed at food banks and pantries connected to the Iowa Food Bank Association. Additionally, fliers were shared with the Iowa Nutrition Network, a partnership of organizations that work in nutrition education, food security, and direct-nutrition service work. Potential participants were asked to contact a member of the University of Iowa research team via phone or email, after which a UI research assistant followed up with the potential participant to schedule their interview. Participants were informed that interviews would last approximately 30 minutes, and that they would receive a \$15 Walmart gift card after completing the interview.

³¹ Liamputtong, P. (2013). *Qualitative research methods* (4th ed.). South Melbourne, Victoria: Oxford University Press.

³² Iowa Department of Human Services. (2019). F-1 Food Assistance Program State Summary - September 2019. Retrieved from <http://publications.iowa.gov/id/eprint/30830>

Qualitative Data Analysis

Each interview was recorded with the consent of the participant, and audio recordings were transcribed using a third-party transcription service. A codebook was generated based on the interview guide and an initial reading of the transcripts. Three members of the UI research team independently coded a transcript and met to discuss findings and reconcile differences. Following this reconciliation process, a finalized codebook was created, and the remaining transcripts were analyzed to identify relevant themes.

Findings

A total 37 SNAP recipients were interviewed. Interviews ranged from 12 minutes, 48 seconds to 37 minutes, 30 seconds, with an average length of 23 minutes and 57 seconds.

Demographics

Descriptive statistics were produced to analyze demographic information from participants (**Table 1**). The ages of participants ranged from 24 to 85 years old, with an average age of 50.56. Almost half of participants self-identified as White (45.9%), and 43.2% self-identified as Black or African American. Close to 60% of participants reported having some college education or a college degree. Fifty-four percent reported that they live in a single-person household. In addition to SNAP, 67.6% said they used a food pantry.

It is important to note how the demographics from our interview participants differ from that of the Iowa SNAP recipient population as a whole. For example, the racial and ethnic background of participants in this study appear to be more diverse compared to the overall number of households in the state of Iowa using SNAP. According to 2018 data, Iowa heads of household receiving food stamps/SNAP identified as follows: 83.2% as White alone; 10.0% as Black or African American alone; with 8.0% identifying as Hispanic or Latino origin of any race.³³

³³ U.S. Census Bureau. (2018). American Community Survey 1-Year Estimates Subject Tables: Food Stamps/Supplemental Nutrition Assistance Program. Table S2201. Retrieved from <https://data.census.gov/cedsci/table?q=SNAP%2FFood%20Stamps&hidePreview=true&t=SNAP%2FFood%20Stamps&tid=ACST1Y2018.S2201&vintage=2018&g=0400000US19&moe=false>

Table 1: Participant Demographics

	N (%)
Average age, years, M (SD)	50.56 (16.39)
20-29	5 (13.5)
30-39	4 (10.8)
40-49	6 (16.2)
50-59	8 (21.6)
60-69	9 (24.3)
70+	4 (10.8)
No answer provided	1 (2.7)
Race/ethnicity	
Black or African American	16 (43.2)
White	17 (45.9)
Hispanic	2 (5.4)
Other	1 (2.7)
Preferred not to answer	1 (2.7)
Education Level	
Less than high school	2 (5.4)
Some high school	7 (18.9)
High school graduate/GED	6 (16.2)
Some college	11 (29.7)
College degree (including Associate's)	11 (29.7)
# of people in household at least half time	
1	20 (54.1)
2-3	8 (21.6)
4+	9 (24.3)
Number of children in household	
0	26 (70.3)
1-2	3 (8.1)
3+	8 (21.6)
Household receives free/reduced school meals	
Yes	10 (27.0)
No	27 (73.0)
Household receives WIC benefit	
Yes	6 (16.2)
No	31 (83.8)
Household uses food pantry	
Yes	25 (67.6)
No	12 (32.4)
Household uses backpack program	
Yes	4 (10.8)
No	33 (89.2)
Other food assistance	
Yes	5 (13.5)
No	32 (86.5)

Board Themes and Considerations

The following considerations represent important factors that were noted across all interviews. Future pilot strategies should consider these themes in their development and implementation phases:

- **Facilitators to Purchasing Healthy Foods**
- **Barriers to Purchasing Healthy Foods**
- **Feasibility of Change for SNAP Recipients**

Participants' Current Actions: Healthy Foods and Grocery Shopping Habits

Participants were asked to share how they typically buy food for themselves or their family, including where they do the majority of their food shopping, what types of healthy foods they most often buy, and whether it is easy or difficult to purchase healthy foods where they shop for food. All participants do most of their grocery shopping at large supercenters or grocery stores, such as Walmart, Costco, Hy-Vee, or Aldi. A few participants also reported that they supplement these trips to convenience stores (n=5) or farmer's markets (n=3).

Healthy purchasing habits varied among study participants. Almost all participants reported purchasing fruits and vegetables. Many reported purchasing grain, protein, or dairy options as well. However, there was a lot of variation in terms of how people defined "healthy foods" for themselves: some participants considered their personal dietary choices or restrictions in their definition, some purchased food specifically with their children in mind, some preferred to list off healthy ingredients that they would then prepare into meals while others preferred to list off healthy meals in general. This variation perhaps stems from the fact that defining "healthy foods" can lead to a very different and very personal definitions depending on who you ask.

Facilitators to Purchasing Healthy Foods

Interview participants were asked about what factors influence their purchase of healthy food using their SNAP benefits. Participants reported the following as facilitators: having a variety of foods available, looking for generic brands, selecting items based on a longer shelf life, utilizing sales, and buying products in bulk. Some participants also stated that they have developed budgeting or planning skills that have been very helpful in shopping for healthy foods.

Speaker 1:

"Is it easy or difficult to buy these healthy foods at the stores that you usually shop at?"

Speaker 2:

"Easy."

Speaker 1:

"And why do you say that?"

Speaker 2:

"Just because I've had food stamps for so long and I know all the rules and I go grab my fruit, walk up to the cashier, and scan them and buy them." (Single household, age 20-29, high school graduate)

"In my head, it's hard to define what healthy food is because I mean everything is okay in moderation. But I guess most people would say just the fresh produce and things like, I mean even some people say cheese is not healthy, but I think cheese is healthy."

(Single household, age 20-29, received college degree)

"Is it difficult [to buy healthy food]? Well, I think it's a mindset. I mean it just depends on what your habits are. We have healthy eating habits. I mean I think when you're thinking of a healthier mindset, it's easier to just focus on that." (5 people in household including 2 children, age 40-49, attended some graduate school)

Barriers to Purchasing Healthy Foods

Interview participants reported that they purchase a large variety of healthy foods; however, a few overarching themes emerged as barriers for most SNAP recipients. The most common barrier to purchasing healthy foods and healthy eating was cost.

"I try to eat healthy, but healthy costs. So I only have the money to buy the food that I really, really want." (Single household, age 50-59, attended less than high school)

Additional barriers to purchasing healthy foods included access to stores that provide healthy options, lack of transportation to and from those stores, and the stigma that some associate with using SNAP benefits.

"I guess I just know the stereotype of people who use food stamps isn't a great stereotype. I don't really tell everyone that I have them and don't go shopping with people so that [I] don't have to talk about it." (Single household, age 20-29, received college degree)

Processes for Budget Decision Making for Participants

Participants were asked to reflect on how they make food purchasing decisions when they are on a tight budget. They shared their 'priority' foods, as well as overall food characteristics that they take into consideration when going grocery shopping, including: what food they can get for the lowest cost, what items will last the longest, what everyone will eat, and what fills them up the most.

Perspectives on Current Retail Initiatives

Some grocery retailers use marketing strategies for healthy foods, such as in-store promotions, pricing, and placement, to encourage customers to purchase healthy items. Participants were asked to share their opinions and perspectives on how these types of retail strategies affect their shopping.

Strategy: In-Store Signs & Labels

When asked about whether or not they notice in-store signs and labels pointing out healthy options, the majority of participants reported that they had seen this type of strategy at the places they shop at. However, while many noticed signs and labels calling out healthy options, few had personal examples of a time that this strategy influenced what they were going to purchase.

"I try to budget the amount of money I spend on my SNAP every week. I'm not trying to be vigorous and spend \$100 on food in one week. You know, I get only \$192 because I'm a single independent. I divide that between four weeks."

(Single household, age 30-39, attended some college)

"Well, I guess, me, I'm not much of a healthy eater, but the reason I don't buy a lot of fruits and vegetables is because I really can't afford it."

(Single household, age 60-69, attended some college)

Some participants stated that while though they notice these signs and labels, they do not change their purchasing behavior because they already have a plan for what types of items they will be buying based on their budget. This echoes back to planning skills acting as a facilitator and cost acting as a barrier for purchasing healthy foods.

"I mean, to me personally, I already know what I'm looking forward to when I'm coming into a store. Maybe some of those signs help some people, but I already know." (5 people in household including 3 children, age 20-29, attended some high school)

"The only time that a sign or label would help me is if it's on sale, if it says something like that." (Single household, age 20-29, received college degree)

Strategy: 2-for-1 Specials and Coupons

Reactions to 2-for-1 specials or coupons were largely positive among interview participants. Participants appreciated that this type of strategy created a direct way to save money on their groceries, particularly when there were specials or deals on grocery items they were already planning on getting. Some participants also mentioned that they shift what they purchase depending on what items have deals.

"It's just a way to get more, and it helps with families that really don't have much." (5 people in household including 3 children, age 20-29, attended some high school)

Participants also noted that they would like to see more specials or coupons for healthy items specifically, with one participant noting that this strategy could encourage healthy eating habits:

Speaker 1:

"Would you like to see more specials or coupons specifically for healthy foods? Do you think that would be good?"

Speaker 2:

"Yes, I would. Yeah. That would be a whole lot better. Not even just for us elderly, but for the kids today, for the kids themselves, where they can start a routine of eating healthy and once they get to be teenagers and young adults, maybe they'll still have that habit of eating healthy and teaching their kids healthy." (Single household, age 50-59, received college degree)

However, participants also noted that 2-for-1 specials and coupons should be easy to find and accessible for them to actually be able to utilize them. In particular, time to search for deals and coupons was noted as a potential barrier to this type of strategy.

"If I have to go looking [for coupons]... I don't have extra time. Time is a big resource for me, a limited resource for me. I don't have extra time to look."

(Single household, age 70-79, received college degree)

Strategy: Healthy Options in Easy to Reach Locations

When asked about whether or not they see healthy options presented in easy to reach locations at grocery stores, participants had mixed experiences. A few were able to share anecdotes of this type of strategy serving as a helpful reminder. One participant in particular shared:

"I mean, it's maybe like a reminder. I like when you go to Hy-Vee, they all have like bottles of water at the counter. Like, you know, to grab water before you leave instead of just grabbing like a big bottle of Mountain Dew." (Single household, age 30-39, attended some college)

However, many interview participants were unaware of this strategy being used to promote healthy foods. Some stated that they do not typically notice how items are placed throughout a store in general, while others stated that they are unaware of any healthy options being placed in easy-to-reach locations because they more often see unhealthy options.

*"They may be there but I don't notice it."
(Single household, age 60-69, received college degree)*

*"I've not noticed that in any of the stores I go to. It's usually junk food."
(2 in household including one child, age 50-59, received graduate degree)*

Perspectives on SNAP Incentive/Disincentive Initiatives

Interview participants were also presented with a few potential initiatives that would incentivize healthy eating and/or disincentivize unhealthy eating. Their perspectives on these initiatives are presented below.

Additional SNAP Benefits Specifically for Fruits and Vegetables

Participants response was overwhelming positive when asked about receiving additional SNAP benefits specifically for fresh fruits and vegetables. Many indicated that this type of initiative would help alleviate the perceived cost barrier that comes with purchasing fruits and vegetables.

"I think that's a great incentive to get people to eat healthier. Yeah, I think it's something that wouldn't be hard to implement." (4 in household including 3 children, age 30-39, received college degree)

Matching Dollar for Dollar Incentives

Participants were also asked about a matching option – where for every one dollar spent on fruits and vegetables, they could receive an additional amount matched to them for future use. This strategy also received overwhelmingly positive support from SNAP participants because it would allow for extra support in purchasing more fresh produce.

"It would benefit me a lot because no matter how much I try and make it stretch, it doesn't ever seem to stretch. But yeah, it would definitely help." (4 in household including 3 children, age 30-39, received college degree)

Additionally, participants were asked if they were aware of and had used the Double Up Food Bucks program. Double Up Foods Bucks (DUFb) allows SNAP recipients to be matched dollar for dollar for fresh fruits and vegetables at local farmer's markets and some grocery stores across the state of Iowa. While not all of the interview participants had used DUFb, participants who had used the program stated that they felt it helped them eat more fruits and vegetables at home. However, location could potentially be a barrier for SNAP recipients to use this program; some participants had heard of DUFb, but lived in areas without program sites.

"I think that [SNAP incentives] would help families a lot. Something that's just for the fruits and vegetables. Because before I got older, I guess, and learned how to really shop for food, I didn't really purchase them because they were so high. And I remember just saying like, "That's not for people on SNAP because we can't afford stuff like that.""

(8 in household including 7 children, age 40-49, attended some college)

"That'd be a good option [matching dollar for dollar incentives]. Two extra dollars up. Those extra dollars goes a long way when you really ain't got nothing."

(Single household, age 70-79, received college degree)

Additional SNAP Benefits for Other Healthy Items

Interview participants were also asked what they thought about receiving additional SNAP benefits for other healthy items, like for frozen fruits and vegetables, for whole wheat bread and other whole grain products, or for milk. This was another initiative strategy that received strong support from interview participants. Participants felt like it would help them stock up on more healthy foods in general, especially healthy staple items that can sometimes be too expensive.

"Milk was the first one that popped in my head when you said that. Yes. My kids love milk, but it's very limited in our house. It's expensive in a way. I have to limit them to the milk. Like, "We're not getting milk today." Or "We're not getting that." But definitely. The other things too, I didn't think about the frozen stuff I could buy. And then like you said, the whole grains. But definitely milk would be one because they always ask for it and I'm not able to keep it in the house and not always able to buy it." (8 in household including 7 children, age 40-49, attended some college)

Restricting the Purchase of Sugary Drinks with SNAP Benefits

Another initiative that interview participants were asked about included restricting the purchase of sugary drinks with their SNAP benefits. This option received very little support, with most participants stating strong negative opinions. Some participants felt like restricting this type of product just because they were on SNAP was not fair, while others stated that it would restrict them from purchasing sugary beverages that they say doctors recommend. Additionally, some participants said that while they do not personally consume sugary beverages, they could see others getting upset over this type of restriction.

"It would affect me and then I just feel like in general it's, not ethically wrong, but just wrong. It's almost like saying "You're too poor to enjoy these foods." You know? ... I guess the pro would be that they're not able to purchase those food using government funds, but the con is that they're going to probably use their own money to buy those foods and then they're going to be less than equipped to stop using food stamps in general." (Single household, age 20-24, received college degree)

Additional SNAP Benefits for Not Purchasing Sugary Drinks

The last potential initiative presented to participants was focused on receiving additional SNAP benefits if they did not purchase sugary drinks. This option received much more positive support compared to the option of restricting sugary beverages from SNAP recipients. Participants stated that they liked the idea of getting an incentive for not purchasing sugary drinks. They felt like this option might be more of a "motivator" for them to cut back on sugary beverages.

"I actually do like that as an incentive. You will not be penalized for getting those things, but you have the incentive to not. Yes, I do think that's a good idea." (Single household, age 20-24, received college degree)

"But Gatorade, the only reason I would probably have a problem with that is because my children are athletes and quite often Gatorade is a replenishment after sports and also if you're sick and dehydrated, that's one of the first things that doctor recommends is Gatorade."

(5 in household including 2 children, age 40-49, attended some graduate school)

"I actually like that and that will maybe give the incentive to other people. To switch up their diet. To cut back on sugary stuff."

(6 in household including 4 children, age 20-29, attended some college)

Education

Interview participants were also asked to reflect on their use of educational tools to support healthy eating. For example, the Iowa State University Extension and Outreach program offers a 'Spend Smart, Eat Smart' digital resource that includes tools for menu planning, tracking food expenses, recipes, and preparation and cooking tips. However, only nine participants had heard of the 'Eat Smart, Spend Smart' tool, and only six had actually used it. However, interview participants reacted very positively to the idea of education opportunities to support healthier eating.

Interview participants were particularly supportive of educational opportunities where they could find healthy recipes and learn the basics about healthy food and meal preparation.

"Now the one, a lot of people don't know how to cook, so maybe, I don't know if this is offered anywhere in the city. I never went to any. I just thought about it. Maybe a basic skills class for cooking that's free, maybe Monday, Wednesday and Friday for an hour, and it's ran by volunteers. I mean I'd be willing to do that, you know? That would give people ideas, say, "Hey, well, you don't know how to cook. Well, would you like to?" And show them how to do it." (Single, age 50-59, attended some college)

"And so you get the extra benefits so you can buy extra healthy foods, but then you think, "Now what?" Recipes would be a really good idea. I was raised the old fashioned way. Beef and noodles and all that other carb stuff, nothing healthy. I don't know any healthy recipes." (2 people in household, did not provide age, attended some college)

There were also a few participants who shared stories about educational classes they have attended where they learned about the topics of nutrition and meal preparation. One participant in particular found the class she was enrolled in to be extremely beneficial:

"She showed us how to cook it and make it not as hard. And it was something that really benefited us." "It's stuff that we never really ... maybe our parents didn't know to teach us. I don't know why we didn't learn it. But that helps me now because I can look at it and say, "Okay, I know what this means. No, I don't need to get something with this much sugars in it or this much sodium." We don't really know how much sodium is a lot. I'm just learning all that from that class. (8 people in household including 7 children, age 40-49, attended some college)

"I think if I am getting education about how to do these things, I think I would be more likely to actually go through with that. Because it's not like I don't know I should be doing these things and I don't know how to look up a recipe, but if things are readily accessible and in my face, it's going to increase my chances of doing it, I guess. If I'm more aware."

(Single household, age 20-24, received college degree)

SNAP Recipient-Informed Recommendations

The results from this portion of the project provide key insights into the opinions and experiences of SNAP recipients using their benefits to support healthy eating. Through qualitative analysis of interviews with SNAP participants, it is clear that pilot strategies to support diet quality are strongly supported. Building upon the current study's findings, and consistent with other existing literature, the following recommendations are presented for future policy and programming considerations:

1. **Cost Remains to be Seen as a Major Barrier to Purchasing Healthy Foods:** The overarching theme consistently heard throughout these interviews is that healthy foods are largely considered as 'too expensive' to SNAP participants. Strategies that encourage the expansion of SNAP benefits or F&V incentives could perhaps overcome this cost barrier.
2. **Encourage Retailers to Run Meaningful Deals on Healthy Foods:** Current retail strategies may not be as noticeable or meaningful to SNAP recipients. While the behavioral economics techniques behind product placement and signage may suggest to us that customers would not normally notice these types of strategies in their shopping experience, SNAP recipients could still receive more support in grocery shopping for healthy foods. Food retailers should be encouraged to promote healthy food and beverage purchasing by running more meaningful, accessible deals and coupons on a variety of healthy products.
3. **Ensure that the Feasibility of Incentive & Disincentive Policies for Participants is Considered:** Larger incentive or disincentive policies have the potential to make a large impact, but it is important to consider the feasibility of some of these initiatives for SNAP participants. For example, if policies are put in place that exclude sugar-sweetened beverages as SNAP eligible products, participants must have an educated understanding of what applies as an SSB. On the other hand, there was large support from SNAP participants in receiving additional SNAP benefits in general, or for fruits and vegetables specifically. While this strategy has broad support from SNAP recipients, the feasibility of putting this type of policy in place would take large structural change from many stakeholders and government leaders.
4. **Emphasize and Improve on Nutrition Education:** The results revealed a large swath of individual tastes and preferences for healthy foods across the SNAP recipient population. Future initiatives should focus on supporting healthy eating in general, instead of trying to conform participants to a certain diet with restricted access to foods. Instead, an emphasis should be placed on enhancing and promoting SNAP-ed, with a focus on nutrition, food preparation, and budgeting techniques.

Conclusion

The findings in this section of the report depict the perspectives of current SNAP recipients in the state of Iowa. While these interviews by no means cover the experiences of all SNAP recipients in this state, they do offer a useful look into how many people go through the process of purchasing healthy foods, and how this process could be enhanced to improve diet quality through different expert-recommended pilot strategies.

Persons with Special Considerations

Some participants provided descriptions of special circumstances that they must consider when going grocery shopping and trying to eat healthy food. Some of these circumstances include:

- Single parents
- Parents of children with health needs that require special diet considerations
- Persons experiencing disabilities that require the assistance of another person to help with grocery shopping
- Persons experiencing homelessness
- Persons with medical conditions that require special diets

Participant-Informed Recommendations

1. Cost is a major barrier to purchasing healthy food
2. Offer meaningful deals on healthy foods
3. Consider the feasibility of incentives and disincentives for recipients
4. Emphasize and improve nutrition education

Summary

In the fall of 2019, The Harkin Institute (THI) and the Center for Science in the Public Interest (CSPI), in collaboration with researchers from the Iowa State University, interviewed SNAP retailers (grocery and convenience stores that are approved SNAP vendors in Iowa). The interviews are meant to assist with the development of stakeholder, retailer, and public-informed recommendations (Section II, III, V), and to add to research knowledge about potential impact, feasibility, barriers, and supports for such strategies. The aim of this qualitative component of the project is to:

- **Explore SNAP retailers' perceptions of strategies to better support healthy eating among SNAP recipients to address possible concerns about feasibility, refine messaging, and cultivate retailer buy-in**

This section of the report will focus on the findings from qualitative interviews conducted with SNAP retailers across the state of Iowa. There are over 1,200 approved SNAP store locations in the state of Iowa, including big-box stores, food warehouses, supermarkets, grocery stores, drug stores, dollar stores, drug stores, and convenience stores. While the findings from this section are not representative of all the SNAP retailers for this state, they do provide compelling insights on SNAP retailers' views on the feasibility, impact, barriers, and support necessary to improve healthy eating in SNAP. The recommendations presented here can be used to facilitate the development of expert-recommended pilot strategies within the state that are informed by the perspectives of SNAP retailers.

Interview Development

Qualitative key informant interviews were conducted with personnel from food retail settings to assist with the development of stakeholder-informed recommendations and to add to knowledge about potential impact, feasibility, barriers, and supports for strategies to support healthy eating among SNAP recipients. To be eligible to participate in key the informants were required to be employed by a licensed food retail store participating in SNAP. Potential informants were identified based on counties with the highest participation in SNAP, the rural urban code of the county, and the number and type of food retail settings by county (grocery or convenience store). Interviews were conducted in-person with two corporate-level food retail managers and six local-level food retail managers (n=8). Once county and food retailers were identified, corporate and local managers were invited to participate in an interview conducted by a member of the research team.

The research protocol was reviewed and deemed "exempt" by the Iowa State University Institutional Review Board (IRB). Researchers read participants a verbal consent script prior to beginning interviews. The interview consisted of broad, open-ended questions regarding strategies to promote healthy eating and questions related to four expert-recommended strategies, including: marketing, incentives, disincentives, restrictions and stocking standards. All interview recordings were submitted to Rev.com, an IRB approved transcription service, to be transcribed verbatim. Interviewee identities were kept anonymous.

Analysis

Transcribed interviews (n=8) were independently reviewed by the research team for key themes. The local-level transcripts (n=6) were independently coded by three team members using the developed codebook and coding discrepancies were resolved by consensus. The key themes and information were compiled separately from the corporate-level interviews and local-level interviews and subsequently compared and contrasted against each other.

Findings

The results from these interviews are summarized below, organized by type of retail strategy.

Marketing

Retailers provided thoughtful insights into the potential impact and feasibility of using marketing strategies, such as in-store advertising, promotions and shelf placement, to support healthy eating among SNAP participants. In general, a combination of marketing strategies was identified as the most promising intervention to promote purchase of healthy items.

"I think it's honestly probably placements and if it could be placement with a promotion along with it, that's probably the ideal situation, it's putting it right in front of customers at a really good price point." (Corporate retailer)

Both levels of managers frequently identified signage and product placement as effective interventions for promotion efforts and driving sales of any food, including healthy items. Placement decisions are largely made based on a combination of factors including price of food item, consumer trends, consumer behaviors, and placement fees. For example, staff from one retailer described the importance of "red zone" such as checkout spaces that drive sales of specific food items.

"We have a grab and go basket right at the checkout. . . . we display in the morning. Those are usually nutrition bars because in the morning we know that's what people are looking for. It might be gum because people after they drink coffee might want some gum or something like that. Then just based on behavioral patterns, we know that people often want to treat in the afternoon so a lot of times in the afternoon it switches too. We turn it around and it switches to candy bars and things like that. We know that whatever we put in those baskets is going to sell more because it's just right in front of your face as you're taking out and you're, "Oh, I'll just grab one of those." (Corporate retailer)

Promotions are another strategy the retailers referenced as an important component of food sales, both in combination with and independent of placement. Promotions such as two-for (i.e. two for \$5), multiples and buy-one-get-one (BOGO) were noted as especially effective in promoting the purchase of food items; however, promoting healthy items *required support from the manufacturers and vendors as well as from leaders within the company*. Corporate interviewees reported the importance of manufacturer and vendor buy-in, whereas, local managers reported the need for company buy-in more frequently than manufacturers and vendors. Because promotions and product placement are driven from the top down (vendor/manufacturer to company to retail setting), marketing of good-for-you items requires logistical considerations. For example, product placement fees are frequently used to promote food items within the retail settings and manufacturers are the drivers of the decision on what products to place.

"If there was a partnership between a manufacturer that has a better for you item that you're trying to promote, and then they have that relationship with the retail stores, I think that could be helpful."

(Corporate retailer)

One large retailer suggested working with manufacturers to identify healthier products that would be successful in the high visibility “red zone” areas and pairing with other marketing strategies including promotions, in-store sampling, and seasonality of products. Retailers shared that there was a need to market healthy for you items, from both a consumer demand and social responsibility perspective. Both local and corporate retail employees identified that there is an overall higher demand for healthy food items; however, they noted that there is often a disconnect between demands and purchase behaviors.

For example, one retailer stated that customers express a desire to eat healthier but their actions do not reflect that desire. *Multiple retailers shared that combining marketing strategies and reducing barriers to healthy purchasing would have the most significant impact on purchase of healthy items.*

Simplicity and ease of implementation were reported as important considerations for participating in a SNAP marketing pilot. Large and smaller retailers both identified mobile apps as a potential for successful marketing strategies. For example, a large retailer noted that pairing rewards through a phone app loyalty program increased promoted sales and participation in loyalty program use. Although the same retailer stated that use of the mobile app and loyalty program is not ubiquitous, thus not as successful as in-store promotion and product placement.

Stocking Standards

The combination of interviews with traditional grocers and convenience store retailers allowed for a diverse response to the questions on increasing stocking standards. Stocking standards are the minimum number of staple foods that SNAP retailers must have in-store to be SNAP authorized. Although large retailers would not be significantly affected by any increases to stocking standards, some believed it could have the unintended consequences of limiting access to food, specifically in certain areas. For example, a large grocer shared that when one of their stores temporarily closed in a lower-income, low food access area, customers had to either shop at local convenience stores or find transportation to a grocery store that was miles away. Convenience store and smaller retailers shared a similar concern as it relates to limiting access. They shared that stricter standards may limit their ability and/or interest in being a SNAP eligible retailer.

“If you made it harder for that little grocery store to be able to participate, that certainly would not be a benefit to the people that you’re trying to take care of. My store is a little bit larger. Sure, we could do that. But again, you start making, you start implementing standards to a point that you make it hard for businesses to participate, you’re not helping your customer.” (Local retailer)

On the other hand, convenience store stakeholders believe increasing stocking standards for healthy foods is important to their corporate social responsibility efforts and increasing the variety of food they have to offer, especially in rural areas with limited access. However, retailers consistently said that increasing variety does not guarantee consumer behavior change:

“I don’t know that it’s necessarily going to drive purchase of healthier items just because this wide variety is available. Just because there’s so much variation in the health of those items and also what those dollars are used for. We could have a bunch of healthy things, but if their EBT dollars can still be spent on other things, it might not equate to a purchase just because we have more of it.” (Corporate retailer)

“Anytime you can include some in-store education, whether that be a dietitian tour or maybe an incentive... If you can talk to them about the educational piece inside of it, I think that would be huge.”

(Corporate retailer)

“I think if a program came out that was feasible for us to put in progress, I think it’d work without interrupting the other things we’re trained to do.”

(Local retailer)

“You’d have to start small with those healthy items and then build as we go. Start small, see how it goes, and then build on what you find out.”

(Local retailer)

“Depending on your strategy, and implementing it, depending on the strategy, it has to be something that’s easy to put into our day-to-day work strategy.”

(Local retailer)

Retailers once again emphasized the importance of pairing multiple approaches to encouraging healthy purchasing and small retailers reiterated the need to work with manufacturers and food distributors.

Incentives

All retailers largely viewed financial incentives as a win-win approach. Corporate-level managers responded positively and viewed this SNAP incentive pilot as an opportunity to provide nutrition education. They also perceived benefit from increased customers, sales and purchasing power for participants.

Despite these benefits, there were noted challenges such as stigma, consumer privacy, procurement, regulations, and technology. There was a recognized need for vendor participation as well as education for the SNAP participant to ensure effective program functioning. Local-level managers identified similar challenges and benefits.

A SNAP incentive program may drive sales and healthy purchases but a few informants wanted SNAP to limit the program to fruits and vegetables. Logistics, technology and lack of education for program participants and store associates were challenges reported, consistent with corporate manager perspectives. Local-level managers reported the need for corporate buy-in to participate in the program, whereas corporate level reported challenges related to procurement. Supporting quotes include:

“So, any way that you’re able to get people to eat healthier and incentivize it by making them be able to do it. I mean, at the end of the day you want them to feel like they can get fruits and vegetables and those things as easy as they’re able to go get the other stuff that’s maybe not or cheaper or whatever for their families.” (Local retailer)

Corporate retailers expressed strong interest in pilot testing incentives or continued use of incentives within their retail setting contingent on continued funding and support from state partners and integration of program into their current systems (technology and distribution systems). One corporate retailer that has taken part in the incentive testing emphasized the need for a clear implementation strategy and incentive education for consumers and retail employees.

Restriction and Disincentive Pilot

Local retailers saw benefits to a restriction or disincentive pilot but there were concerns about stigma and reduced SNAP participant autonomy with both. Corporate and local retailers were in agreement on the anticipated benefits and challenges of the disincentive strategy. Increasing healthy sales and social responsibility were seen as benefits as it would discourage unhealthy purchases and promote wellbeing. However, providing education to SNAP participants, potential customer loss and stakeholder buy-in were challenges to implementing this strategy. In addition, local-level managers reported concern that disincentives may stigmatize SNAP participants, whereas corporate level did not identify this concern.

“If you’re taking away one of those unhealthy options, that is coincidentally probably one of the more popular ones and replacing that with the healthy alternative. They’re not going to have that as an option, so it’s definitely going to help with the healthiness. If [associates] are going to have to be saying, “Oh, I know you used to be able to do this, but now you can’t because of X, Y, Z,” then customers are going to know and [they] are probably going to be a little bit disgruntled and disappointed if they didn’t know that about the change.” (Local retailer)

“Hopefully, it would drive customer count...it would hopefully drive additional trips into the store where they’re buying not only the fruit and vegetable that they came in for their kind of incentive to buy, but also some other things as well so customer count, basket size, all that kind of thing I think would be benefits.”

(Corporate retailer)

“We make really good money on those impulse junk food items that appeal to a lot of people. And you get the healthier options out there and depending on the price, sometimes you don’t make as much money. So when you’re in a business, yeah, you’re looking out for the betterment of the people in the community. But you’re also about making money. So, can we do this in a way that we don’t hurt our profits? I would be all for it. But that’d be the biggest challenge is making sure that our profit’s staying to the level where we’re at now.”

(Local retailer)

“I definitely think that if people were given more SNAP benefits because they made healthier choices, I think that would definitely work. We would benefit from the sale of the healthier items.”

(Local retailer)

Retailer-Informed Recommendations

Input from local and corporate level retail leaders helped create insight into the feasibility and impact of various strategies to support healthy eating in SNAP in the retail sector. It is important to consider the following recommendations when designing, implementing, and evaluating future policy and programmatic changes to SNAP.

1. **Establish Marketing Programs that Benefit the Retail Sector, including Vendors, Manufacturers, etc.:** There was a strong consensus between retailers that in multiple agencies must be at the table if there will be any alterations to marketing policies or strategies. Promotion, placement, and price are all critical factors of consumer purchasing and those variables are influenced by multiple organizations including retailers, manufactures, and vendors. Marketing is a significant factor in consumer purchasing and should be a part of any strategies to promote healthy eating but only if there is a strong relationship between all parties.
2. **Incentives (and Disincentives) are Win-Win but Only If the Program is Easy to Use and Understand at the Consumer and Retail Level:** Retailers are largely in favor of incentive and disincentive programs but only if they are well implemented. This includes creating technology that makes it easy for consumer and retail employees to use at the point of sale (modernize the current EBT card). Furthermore, the shopper must understand what the program is, where to shop, and how to use the additional dollars.
3. **Ensure that Programs Do Not Increase Stigma:** If the program is to be altered it must be done in a manner that does not increase the stigma associated with using SNAP dollars.

“We both feel that educating the [SNAP] participants to understand the program and what the government is trying to convey to them is the key first. Here is an example, [...] the client/customers don’t understand why we are giving them free bucks [SNAP incentives] back so they can buy more fresh fruits and vegetables, some goes as far as either throwing them [SNAP incentives] away or shredding them as they have told us because they feel they are a hassle. Our cashiers have tried to explain this to the customers about bringing them back and using again then getting more.”

(Corporate retailer)

Retailer-Informed Recommendations:

- Establish marketing programs that benefit the retailer, including vendors and manufacturers
- Incentives (and disincentives) are a win-win but only if the program is easy to use
- Ensure that programs do not increase stigma

Summary

In December 2019, The Harkin Institute for Public Policy & Civic Engagement (THI) hired Essman Research, a division of State Public Policy Group (SPPG) to conduct an online survey of 500 lowans ages 18 and older to gather feedback on SNAP. The survey examined whether lowans support or oppose changes to SNAP that may influence the purchase patterns and food choices of SNAP recipients. The recommendations come from experts in nutrition, economics, and hunger relief and include: increasing financial incentives for fruits and vegetables (F&V), increasing the minimum stocking standard requirements for SNAP retailers, and disallowing or disincentivizing purchases of sugary drinks with SNAP benefits.^{36,37} The goal of the survey was to understand which recommendations are best supported by lowans in order to inform the design, testing, and implementation of strategies to improve the diet quality of SNAP recipients.

Statewide Survey

A survey was developed by the Center for Science in the Public Interest to assess public support for strategies to improve diet quality among SNAP recipients. The survey was adapted by The Harkin Institute (THI) for use in Iowa. In December 2019, THI hired Essman Research (a Division of the State Public Policy Group), an independent marketing research firm in West Des Moines Iowa, to deliver the survey to 500 lowans and collect the response data. Surveys were distributed online over a two-week period.

The survey respondents represent a mix of gender, age, marital status, education, political affiliations, households with children, employment status, and income (**Table 1**). A percentage of the respondents are SNAP recipients. The SNAP recipient response percentage is reflective of the total percent of lowans who received SNAP in the last 12 months. Respondents represent 96 of the 99 Iowa counties. The three counties not represented are Adams, Calhoun, and Howard.

The survey included 20 close-ended questions with 5 yes/no and Likert scale questions to assess support for strategies to improve the diet quality of SNAP recipients. Participants ranked their support for the strategies as either 1) very helpful/helpful, 2) neither helpful nor unhelpful (neutral) or 3) unhelpful/very unhelpful.

Findings

Descriptive statistics were self-reported by survey respondents including gender, age, income, home ownership, marital status, political affiliation, and race.

Table 1: Demographic Characteristics of Survey Respondents (n=500)

500 Iowans Surveyed	96 of 99 Iowa Counties are Represented	54.4% of Respondents are Women
45% of Respondents are Men	0.2% Non-binary/ Transgender	57.4% are Married
70.8% Live in a Rural County	29% Live in a Urban County	73.6% Own Their Home
77.2% Live with Two or More People Age 18+	20.0% Used SNAP in the Last 12 Months (100)	80% Didn't Use SNAP in the Last 12 Months (400)
34.6% Democrat	34.6% Republican	26.2% Independent

Participant ages range from 18 to 64+, with the largest representation in 18-34 age group (n=123) and 65+ (n=158). An equal number of participants identify as Democrat and Republican (n=173), with some Independent (n=131) and some "other" (n=23). The education level of participants is spread from some high school to postgraduate degree with the mean representing high school diploma (n=117) and some college (n=114).

Out of the 500 surveyed, 75-100 (include this number as a percent as well) respondents received SNAP in the past 12 months. The majority of lowans buy their food at grocery stores (89.8%) and big box stores (61.2%), however a significant portion also buy groceries at small discount stores (25.8%) and convenience stores (12.6%) (**Graph 1**). Significantly more rural shoppers responded that they shop for groceries in small discount stores compared to urban shoppers; 29.4% rural vs. 17.1% urban (**Table 2**).

Graph 1: Shopping Habits



Table 2: Where Respondents Grocery Shop (n=500)

	Majority of Their Shopping	Where Participants Shop
	Participants % (n)	Participants % (n)
Grocery Stores	67 (336)	90 (449)
Big Box Stores	30 (148)	61 (306)
Small Discount Stores	1 (6)	26 (129)
Convenience Stores	0.5 (2)	13 (63)
Drug Stores/Pharmacy	0.5 (2)	7 (34)
Other Places	1 (6)	2 (11)

Respondents were asked to indicate how helpful they think each strategy would be in supporting healthy eating for SNAP recipients (Table 3). Responses of SNAP recipients are compared to non-SNAP recipients. For the purpose of the survey, healthy foods were defined as fruits, vegetables, whole grains, beans, chicken, and low-fat milk.

Table 3: Respondents Indicate How Helpful Each Strategy Would be for Supporting Healthy Eating Among SNAP Recipients

Strategy	Very Helpful/ Helpful	Neither Helpful or Unhelpful	Unhelpful/ Very Unhelpful
	Adults Overall/SNAP Recipients	Adults Overall/SNAP Recipients	Adults Overall/SNAP Recipients
Providing Food Assistance (SNAP) recipients with more money to buy fresh fruits and vegetables in grocery stores. For example: for every \$1.00 spent on fresh fruits and vegetables, recipients would get another \$1.00 to spend on more fresh fruits and vegetables.	75.0%/81.0%	16.6%/13.0%	8.4%/6.0%
Ensuring that grocery stores, including convenience and corner stores, have a wide variety of affordable, healthy foods—such as fruits, vegetables, lean meats, low-fat milk, and whole grains.	68.0%/68.0%	22.6%/27.0%	9.4%/5.0%
Providing information to Food Assistance recipients on healthier eating options through nutrition or cooking classes.	59.8%/57.0%	29.2%/32.0%	11.0%/11.0%
Providing Food Assistance recipients with more money to buy fresh fruits and vegetables if the recipients buy fresh fruits and vegetables AND do not buy sugary drinks. For example: for every \$1.00 spent on fresh fruits and vegetables AND for every dollar not spent on sugary drinks, Food Assistance recipients would get an additional \$1.00 to spend on more fresh fruits and vegetables.	68.8%/64.0%	21.8%/26.0%	9.4%/10.0%



75% of respondents think providing Food Assistance recipients with more money to buy fresh fruits and vegetables in grocery stores would be very helpful or helpful.



68% of respondents think that ensuring that grocery stores, including convenience and corner stores, have a wide variety of affordable, healthy foods would be very helpful or helpful.



59% of respondents think providing information to Food Assistance recipients on healthier eating options through nutrition or cooking classes would be very helpful or helpful.

The following table depicts the survey questions that regard regulation of SSBs in SNAP. Responses to the first two questions are organized by overall respondents versus recipients participating in SNAP.

Table 4: Sugar-Sweetened Beverage (SSB) Strategies and Responses

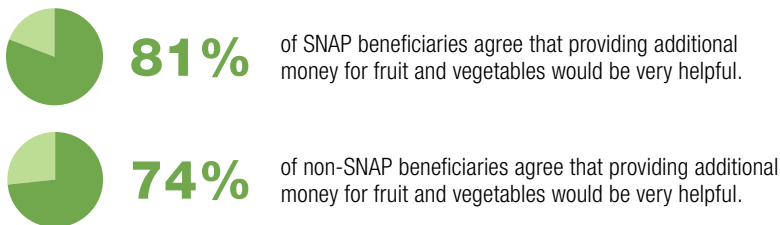
Question	Responses (Adults Overall/SNAP Recipients)		
	Yes	No	Don't Know
Do you think Food Assistance benefits in Iowa should be allowed to be used for the purchase of soda/soft drinks?	23.6%/60.9%	67.6%/32.6%	8.8%/6.5%
Do you think soda/soft drinks should be removed from the list of products that can be purchased using Food Assistance benefits?	56.4%/31.5%	35.2%/63.0%	8.4%/5.6%
Would you favor or oppose a change to the program that gives recipients a choice: They could either continue to use their Food Assistance benefits to buy soda/soft drinks/sugary drinks OR They could participate in a new program that provides more money for fruits and vegetables if they agree not to buy soda/soft drinks/sugary drinks.	Favor a Change 69.5%/52.0%	Oppose a Change 11.3%/24.0%	No Opinion 19.1%/24.0%

Recommendations

Suggested Strategies: Increasing F&V Incentives and Consumer Education

When asked about a strategy of providing SNAP recipients with more money to buy fresh F&V in grocery stores (**Table 3. Strategy 1**), the majority (75.0%) of all participants thought it would be very helpful. Among SNAP recipients (22.9% of total rural respondents and 13.0% of total urban respondents), 81% agree that providing additional money for F&V would be very helpful/helpful (compared to 73.6% non-SNAP recipients).

Chart 1: Support for Fruit and Vegetable Incentives



The majority of respondents, both SNAP recipients and non-recipients, showed broad support for SNAP FV incentives (75.0%). Similar to previous research, these results suggest that adult lowans support strategies to increase F&V incentives. Furthermore, Iowa stakeholder groups expressed similar widespread support for FV incentives in addition to piloting incentives for frozen and canned F&V and for increasing the number and location of incentives programs.

Survey respondents also strongly favored additional strategies that could make it easier to buy more healthy foods and fewer unhealthy foods. When asked about consumer education to support nutritional decisions (**Table 3. Strategy 3**), a majority of respondents (59.8% overall) believe this would be very helpful or helpful.

Additional money for Food Assistance (SNAP) recipients to purchase fruit and vegetables is supported by people from different political parties. The view that this strategy would be helpful/very helpful was highest among Democrats (82.7%) and over 70% of Independents and Republicans (71.0% and 70.5% respectively; not significantly different from total) (**Graph 2**).

Graph 2: Political Support



There is overall high support for providing more money to buy fresh fruits and vegetables among all income categories. This is highest in people making less than \$50,000 at 79.3%, compared to incomes greater than \$100,000, 72.5%, and between \$50,000-\$99,999, 70.3%. Level of education also is shown to have an impact (76.6% high school graduate or less; 74.1% some college/2 year/technical/vocation; 75.1% college graduate or above) on support for providing more money to buy fresh fruits and vegetables. More women believed the strategy was helpful/very helpful (79.4%) compared to men (69.6%); however, more men believed it neither helpful or unhelpful (20.7% vs. 9.7% unhelpful/very unhelpful) compared to women (13.2% neutral vs. 7.4% unhelpful/very unhelpful). Support is similar between White and all other respondents (75.3%/72.7%). Note all other respondents represented a very small sample size (22).

Food Purchasing Habits and Stocking Standards

Survey results found that rural respondents are more likely to buy some of their groceries at smaller stores (e.g., small discount and convenience; 29.4% rural v. 17.1% urban). This is important to take into consideration when developing strategies to support healthy eating through SNAP in predominately rural states like Iowa. Shopping at smaller stores is associated with lower access to fresh foods (CITE) which would limit the effectiveness of strategies that promote the purchase of fresh fruits and vegetables, especially for low access track SNAP recipients that buy groceries at smaller stores.

When asked about increasing stocking standards (**Table 3. Strategy 2**), the majority of respondents (68%) felt it was important that grocery stores, including convenience and corner stores, have a wide variety of affordable, healthy foods available. Additionally, during Key Informant interviews, a majority of participants voiced support for increased stocking standards for all Food Assistance (SNAP) retailers. Key informants voiced accompanying concern about retailer buy-in and feasibility of this strategy, noting that retailer need incentive to implement new stocking standards.

Suggested Strategies: Sugar-Sweetened Beverage (SSB) Regulation

When asked about SSBs in SNAP, 67.6% of adult Iowa residents do not think SNAP benefits should be used to purchase SSBs (64.3% of Democrats, 82.5% of Republicans, 59.2% of Independents). However, 60.9% of SNAP recipient respondents, felt that SSBs should be available for purchase with SNAP benefits. When asked about an option for F&V incentive programs to provide more money for F&V if recipients agree not to buy SSBs, support among all respondents rose (65.8%). Similarly, Key Informant interview respondents reported higher support for the paired incentives and disincentives strategy than the restriction of SSBs in Food Assistance (SNAP) strategy.

The view that soda should not be allowed in SNAP is highest among Baby Boomers (78.2%) compared to Millennials (49.1%). There is higher support for disallowing soda in SNAP among people with incomes greater than \$100,000 (75/16% v. 59/34% under \$50,000) and college graduates (74/18% v. 53/37% high school only). Support is higher among White (68/23%) compared to all other (55/36%) respondents. Note all other respondents represented a very small sample size (11). 66% of adult Iowa residents support SNAP recipients opting into a program that disallows soda when paired with fruit and vegetable incentives (68% of Democrats, 74% of Republicans, 56% of Independents). 14% oppose disallowing soda paired with additional incentives (14% of Democrats, 12% of Republicans, 15% of Independents). 20% neither supported nor opposed or had no opinion. (Note that 21% could be movable). Among adult Iowans SNAP beneficiaries (20% of sample or 100 respondents), 64% support the option to opt in to disallowing soda paired with additional benefits for fruits and vegetables (10% do not support and 26% consider neither/no opinion).

The Harkin Institute and Drake University

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The Center for Science in the Public Interest (CSPI) is America's food and health watchdog. We are a rigorous driver of food system change to support healthy eating, safe food, and the public's health. We transform the built food environment through leading-edge policy innovations grounded in meticulous research and powerful advocacy at the national, state, and local level. We galvanize allies to drive system-wide changes and healthier norms, leveraging the greatest benefits for people facing the greatest risk. CSPI is fiercely independent; we accept no government or corporate grants. Our work is supported by the hundreds of thousands of subscribers to our award-winning Nutrition Action Healthletter and by foundations and individual donors. For more information, contact Center for Science in the Public Interest policy@cspinet.org 202-777-8352