

TACKLING THE SNAP GAP IN GEORGIA: ADDRESSING FOOD INSECURITY AND BARRIERS TO PARTICIPATION IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

TABLE OF CONTENTS

- 3 Executive Summary**
- 4 Introduction**
- 6 The Impacts and Distribution of Food Insecurity**
 - 6 Unequal Distribution of Food Insecurity
 - 7 Food Insecurity in Georgia
 - Effects of Food Insecurity
- 8 An Overview of the Supplemental Nutrition Assistance Program (SNAP)**
 - 10 Administrative Processes For SNAP in Georgia
 - 11 Gaps in SNAP Participation
- 13 Recommendations to Address Food Insecurity and Improve SNAP Participation Among Eligible Individuals in Georgia**
 - 14 Establish Best Practices for Addressing Food Insecurity in Health Care Facilities Across Georgia
 - 16 Expand Network of Health Care Facilities, Senior Centers, and Community-Based Organizations Providing Assistance for SNAP Across Georgia
- 19 Conclusion**
- 21 References**

EXECUTIVE SUMMARY

Food insecurity is classified by the United States Department of Agriculture (USDA) as a condition in which access to adequate food is limited or uncertain (USDA Economic Research Service 2021). Very low food security is characterized by decreased food intake and by repeated disruptions in eating patterns, as many food insecure individuals are unable to afford balanced meals (USDA Economic Research Service 2021). In Georgia, the rate of poverty is almost 15 percent (Spotlight on Poverty & Opportunity n.d.), and many residents struggle with food insecurity. An estimated one out of eight people in Georgia were considered to be food insecure before the COVID-19 pandemic, with about one out of every six children in the state facing food insecurity (Feeding America 2021b; Feeding America n.d.c; Gundersen et al. 2020). Food insecurity is associated with various diet-related illnesses (Murthy 2016), so it is crucial that families and individuals suffering from food insecurity have access to assistance.

To receive support in obtaining sources of food, eligible Georgia residents can enroll in federally funded nutrition assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). SNAP is used widely across the US, including in Georgia, and has been a very effective anti-hunger program for those who participate in it. In 2015, SNAP lifted 8.4 million people in the United States out of poverty and lowered the overall poverty rate by 17 percent (Wheaton and Tran 2018). On average, 322,000 Georgia residents were kept out of poverty each year between 2013 and 2017 due to participation in SNAP (Center on Budget and Policy Priorities 2021b).

SNAP is widely recognized as one of the most effective programs funded by the federal government, yet several barriers limit its reach, and it is often underutilized in low-income communities. A lack of awareness about eligibility for the program, stigma about receiving assistance, the lengthy application process, and administrative burdens have been cited as barriers for enrollment in the program, leaving many eligible families without any assistance (FitzSimons, Weill, and Parker n.d.). To better address food insecurity in the state and connect more individuals with SNAP, the Georgia Department of Community Health should establish statewide best practices for addressing food insecurity in health care facilities across Georgia, namely by promoting usage of the highly effective Hunger Vital Sign screening tool, by providing guidance to clinicians on how to approach discussions on food insecurity, and by outlining the types of community resources food insecure patients should be referred to. Furthermore, the Division of Family and Children Services within Georgia's Department of Human Services should



work to expand the network of—and foster relationships between—health care facilities, senior centers, and community-based organizations across the state that can provide referrals or critical on-site assistance with initial SNAP applications and renewals. Together, these interventions can benefit Georgians experiencing food insecurity by providing additional avenues for initial SNAP enrollment and renewals, increasing awareness of SNAP, decreasing administrative burdens for both individuals and state agencies, and reducing the stigma associated with experiencing food insecurity and receiving SNAP benefits.

INTRODUCTION

Food insecurity—which the United States Department of Agriculture (USDA) characterizes as a condition in which households experience “limited or uncertain access to adequate food” (USDA Economic Research Service 2021)—affects many people across the US. Food insecurity is associated with a higher risk of stress and symptoms of depression (Pourmotabbed et al. 2020), and it may play a role in the development of other health issues, including obesity, heart disease, hypertension, and diabetes (Murthy 2016; Seligman, Laraia, and Kushel 2010). In 2019, the nonprofit organization Feeding America estimated that 1,279,310 people were food insecure in Georgia—12 percent of the state’s population (Feeding America n.d.c).

The COVID-19 pandemic has only exacerbated issues of food insecurity across the US. Although the overall rate of food insecurity was declining and reached its lowest point since the 1990s before the start of the pandemic, COVID-19 disrupted this trend (Feeding America 2021a). In March of 2020, the rate of food insecurity in the US was about 38 percent (Fitzpatrick, Harris, and Drawve n.d.)—over triple the rate in 2018, which was about 11 percent (Bauer 2020). Furthermore, the pandemic made those who were already food insecure more likely to become even more so—a national survey of low-income adults conducted during the middle of March 2020 showed that food insecure adults had a greater likelihood of reporting that they were laid off from their work and that their income would significantly decrease compared to food secure adults from low-income backgrounds (Wolfson and Leung 2020). According to estimates by Feeding America, around 45 million people in the United States experienced food insecurity in 2020. Because of the federal response to the pandemic and better economic situation since the start of the COVID-19 crisis in the US, the organization projects that this number will decrease slightly in 2021, though will still remain high at 42 million people—including one out of every six children—experiencing food insecurity (Feeding America 2021a).



The US has several federal nutrition assistance programs to address the issue of food insecurity. The Supplemental Nutrition Assistance Program (SNAP) is the largest of these programs, providing participants with benefits that allow them to purchase food at certain locations via an Electronic Benefit Transfer (EBT) card (Gundersen, Kreider, and Pepper 2011). Other federal nutrition assistance programs include the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the National School Lunch Program (NSLP).

In 2019, SNAP supported a total of 1,424,000 residents of Georgia—13 percent of the state's total population (Center on Budget and Policy Priorities 2021b)—and \$2.1 billion in SNAP benefits were redeemed at 9,266 authorized retailers across the state (Center on Budget and Policy Priorities n.d.a). In Georgia, participation in SNAP kept on average 322,000 residents of the state out of poverty each year between 2013 and 2017, and almost half of these beneficiaries (159,000) were children (Center on Budget and Policy Priorities 2021b). In 2019, about 73 percent of participants in the state were in families with children, over 39 percent were in working families, and about 32 percent were in families with elderly people or people with disabilities (Center on Budget and Policy Priorities 2021b).

To qualify for SNAP assistance, individuals must meet a certain set of requirements. Eligibility criteria for this program factors in the household's gross income before taxes, net monthly income, and sometimes even the value of assets (Gundersen, Kreider, and Pepper 2011). Feeding America estimated in 2019 that among food insecure Georgians, 46 percent fell under the SNAP-qualifying threshold of 130 percent of the federal poverty line and could therefore be eligible for SNAP (Feeding America n.d.c). However, for various reasons, many people who are eligible to receive SNAP benefits do not participate in the program—in Georgia, 14 percent of eligible individuals did not participate in SNAP in 2017 (Center on Budget and Policy Priorities 2021b). Among eligible workers and seniors in Georgia, the rate of non-participation was even higher—at 29 percent for eligible workers in 2017, and 66 percent for seniors age 60 and above in 2015 (Center on Budget and Policy Priorities 2021b; Food Research & Action Center n.d.). Barriers for enrollment among eligible families include a lack of awareness about eligibility for the program, stigma about receiving assistance, the lengthy application process, and administrative burdens (FitzSimons, Weill, and Parker n.d.).

This issue brief explores the reasons for under-participation in SNAP in Georgia and suggests solutions to increase participation. It first describes the unequal distribution and effects of food insecurity both nationally and in Georgia, and then explores SNAP eligibility requirements and barriers to SNAP participation among eligible households. It concludes by recommending two interventions to address food insecurity and increase SNAP participation among eligible individuals in Georgia: (1) establishing best practices



to address food insecurity in health care facilities across the state and (2) expanding the network of health care facilities, senior centers, and community-based organizations that can provide referrals to assistance for SNAP or on-site assistance with initial SNAP applications or renewals.

THE IMPACTS AND DISTRIBUTION OF FOOD INSECURITY

UNEQUAL DISTRIBUTION OF FOOD INSECURITY

While food insecurity is an issue that can affect anyone, it disproportionately harms certain groups of people; while the rate of food insecurity in the United States in 2019 was 10.5 percent, households with children, households with Black or Hispanic heads of house, and households with incomes that fell below 185 percent of the federal poverty level had rates of food insecurity that were notably higher than the national average (Coleman-Jensen et al. 2020). A study conducted during the COVID-19 pandemic also found that Black and Hispanic households with children have a greater chance of experiencing food hardships than white households with children (Schanzenbach and Pitts 2020). Racial discrimination prevents people of color from accessing educational and employment opportunities, which can contribute to food insecurity (Odoms-Young and Bruce 2018). In particular, communities of color that face relatively high rates of incarceration, sometimes due to discrimination, are especially at a disadvantage when it comes to employment, as policies that limit job prospects following prison time can restrict income that enables access to food (Odoms-Young and Bruce 2018).

Household location can also have an impact on food insecurity, as those who reside in areas where a supermarket or comparable retailer that carries affordable, nutritious food is not nearby have difficulty accessing food (Ver Ploeg 2010). These areas are often referred to as food deserts. In communities in which the poverty rate is similar, Black and Hispanic neighborhoods tend to have a smaller number of large supermarkets compared to white neighborhoods; instead, Black and Hispanic neighborhoods have more small grocery stores, which often do not carry as much healthy food (Brooks 2014). Furthermore, for those living in areas where a store with healthy food is not nearby, access to affordable and reliable transportation is crucial in order to travel to grocery stores. The COVID-19 pandemic has likely exacerbated the challenges posed by transportation, as public transportation or rideshare services to travel to grocery stores, food pantries, or soup kitchens can be risky (Kinsey, Kinsey, and Rundle 2020). Considering that a higher proportion of lower-income, Black, or Hispanic individuals use public transportation



regularly compared to white or higher-income individuals (Anderson 2016), the pandemic may have exacerbated the challenges these communities already face in accessing food.

Food Insecurity in Georgia

Before the COVID-19 pandemic, one out of every eight Georgia residents was considered food insecure (Feeding America 2021b; Feeding America n.d.c), and about 2 million Georgia residents, including about half a million children, live in food deserts (Weinfield et al. 2014). Data has shown that rates of food insecurity in Georgia tend to be highest near downtown Atlanta, in counties where a disproportionate number of low-income families and people of color reside, and that food insecurity is increasing fastest in Georgia suburbs, where there may be significant challenges in accessing food for those who do not have reliable vehicles (Shannon 2017).

Food insecurity is also a particular problem for older Georgia residents; in 2014, Georgia was ranked ninth in the nation for its rate of food insecurity among people ages 60 and above (Georgia Department of Human Services n.d.). A study conducted with a sample of older Georgia residents receiving aging and meals services, of which approximately 27 percent were classified as food insecure, found that food insecure individuals were more likely than their food secure counterparts to live in a food desert where they lacked proper access to a grocery store or other seller of healthy food (Lee, Shannon, and Brown 2014).

EFFECTS OF FOOD INSECURITY

Food insecurity is associated with various health conditions that can significantly limit an individual's quality of life. It may be a contributing factor for diabetes, hypertension, heart disease, and obesity (Murthy 2016; Seligman, Laraia, and Kushel 2010). People experiencing food insecurity also have a more difficult time managing chronic diseases like diabetes (Health Research & Educational Trust 2017), especially as food insecure individuals may underuse medications as a coping strategy for not having enough resources to purchase food (Herman et al. 2015). Food insecurity is also associated with the postponement of necessary medical care (Kushel et al. 2006). Furthermore, food insecurity is linked to obesity—possibly due to the intake of cheaper, energy-dense foods among individuals who are food insecure (Drewnowski and Specter 2004). People experiencing food insecurity may exhibit suboptimal eating patterns due to periods of food restriction during times when there is a scarcity of food, followed by overeating when food is temporarily available (Myles et al. 2016). Such eating patterns can lead to a reduction in



both the nutritional value and quantity of food intake, which can also be a contributing factor for health conditions such as diabetes (Marpadga et al. 2019; Seligman, Laraia, and Kushel 2010).

Beyond its impact on physical health, the prevalence of mental illness is greater among those experiencing food insecurity (Martin et al. 2016). A study that examined the association between food insecurity and mental health outcomes among low-income Americans toward the beginning of the COVID-19 pandemic found a positive association between food hardships due to the pandemic and risk of mental illness (Fang, Thomsen, and Nayga 2021). Food insecurity can also impact educational performance. A longitudinal study conducted on students ages 18 and 25 in Georgia colleges and universities found that food insecurity was associated with poorer psychosocial health, which was correlated with poorer academic performance in terms of grade point average (Raskind, Haardörfer, and Berg 2019). Researchers investigating the effects of food insecurity on younger children—ages 6 to 11—found that food insecure children were more likely to show lower levels of school engagement compared to food secure children (Ashiabi 2005).

Food insecurity clearly presents detrimental impacts to individuals, families, and society, demonstrating the importance of reducing barriers to participation in the Supplemental Nutrition Assistance Program (SNAP) among eligible households. The following sections will provide more details about SNAP, reasons why eligible individuals may have difficulty accessing benefits, and strategic interventions to help alleviate this difficulty.

AN OVERVIEW OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) assists food insecure households across the US in accessing food and has lifted millions of Americans out of poverty (Wheaton and Tran 2018). SNAP also benefits local economies—for example, during the height of the recession in 2009, \$50 billion in SNAP benefits generated \$85 billion in local economic activity (Center on Budget and Policy Priorities n.d.a).

Eligibility criteria for SNAP takes into account a household's gross income and net monthly income (Gundersen, Kreider, and Pepper 2011). In some states, the value of assets is considered as well (Gundersen, Kreider, and Pepper 2011). Net household income, which can be determined after accounting for the program's acceptable deductions based on specific circumstances, needs to be at or below the poverty line, and if applicable, a household's assets must be less than specified limits to qualify for SNAP (Center on Budget and Policy Priorities 2021a). Benefit amounts are determined by a family's net income,



under the expectation that spending on food comprises 30 percent of a family's net income (Center on Budget and Policy Priorities 2021a). The maximum benefit amount is related to the cost of a diet plan developed by the USDA to provide adequate nutrition at the smallest cost, and families receive a benefit amount that equates to the maximum benefit amount for their household size minus 30 percent of their net income (Center on Budget and Policy Priorities 2021a).

There are also requirements regarding employment status to qualify for SNAP. To receive SNAP benefits, individuals between the ages of 16 to 59 who do not qualify for an exemption must register for work, be a participant in SNAP Employment and Training (E&T) or workfare if they are assigned to it by the SNAP agency in their state, and accept any job offers unless there is a valid reason why the offer would not be suitable for the individual (USDA Food and Nutrition Service 2019). Additionally, people are not permitted to choose to quit jobs or cut their hours below 30 hours a week unless they have a valid reason to do so (USDA Food and Nutrition Service 2019). In addition to these general work requirements, individuals between the ages of 18 and 49 must be employed or be participants in a work or training program for a minimum of 20 hours per week to receive more than three months of SNAP benefits in a three-year period (Center on Budget and Policy Priorities 2021a). However, those who are unable to work due to a physical or mental limitation, pregnant women, and those living with children are exempt from these work requirements (Center on Budget and Policy Priorities 2021a). Individual states can also receive waivers from the USDA that allow for this rule to be temporarily suspended in counties, cities, or reservations in which there are not enough jobs and relatively high unemployment (Bolen and Dean 2018).

Various projects and programs have tried to make SNAP more accessible for groups who disproportionately face barriers to participation. One of these groups is eligible seniors age 60 and above, only 34 percent of whom participate in SNAP in Georgia (Food Research & Action Center 2019). To make SNAP more accessible for elderly people from low-income backgrounds, the Elderly Simplified Application Project (ESAP) has been implemented in some states to streamline the SNAP application and renewal process (USDA Food and Nutrition Service 2020). The ESAP involves waived recertification (also called renewal) interviews, simplified applications, less client-provided verification through data matching, and an extended certification period (USDA Food and Nutrition Service 2020). In Georgia, individuals over the age of 60 who meet a set of specific criteria may qualify for Senior SNAP, which is an ESAP (Georgia Division of Family & Children Services n.d.).

As food insecurity rates across the United States rose during the COVID-19 pandemic, federal nutrition assistance programs were expanded through the Families First Coronavirus Act (FFCA) (Kinsey, Kinsey, and Rundle 2020). The FFCA included provisions



that allowed states to supply up to the maximum benefit amount for SNAP allotments (Kinsey, Kinsey, and Rundle 2020), and the rule limiting SNAP participants between the ages 18 and 49 to three months of benefits within a three-year period unless work requirements are met was partially and temporarily suspended (Wheaton et al. 2021). During COVID-19, program flexibilities for interview requirements and extended certification periods also simplified the process for individuals to obtain SNAP benefits (Center on Budget and Policy Priorities 2021c).

ADMINISTRATIVE PROCESSES FOR SNAP IN GEORGIA

Although most rules for SNAP are set by the federal government, states contribute to payment of administrative costs and can file federal waiver requests to enable certain state options (Isaacs, Katz, and Kassabian 2016)—such as the length of certification periods for SNAP benefits or the types of disqualifications for SNAP applicants or recipients who do not comply with work requirements (USDA Food and Nutrition Service 2013). In Georgia, SNAP is administered by the Division of Family & Children Services (DFCS) within the state’s Department of Human Services (Georgia Food Stamps n.d.).

Georgia residents can apply for SNAP benefits through several methods. They can apply online and check the status of their applications via an online platform known as Georgia Gateway (State of Georgia n.d.b), which allows users to apply for several benefit programs in one place and reduces the administrative burden of applying for programs such as SNAP (Georgia Department of Human Services 2018). Georgia residents can also mail or drop off physical paper applications to a DFCS office located throughout the state (State of Georgia n.d.b), or have an authorized partner, such as a food bank, submit an application on their behalf (Georgia Department of Human Services 2021).

To enroll in SNAP, applicants must provide proof of their identity, date of birth, social security number, citizenship or immigration status, criminal background, and documentation of household income and expenses (State of Georgia n.d.b). They must also complete an interview with a DFCS case manager either in-person or over the phone (State of Georgia n.d.b). Once the initial application process has been completed and an individual has been approved for benefits, they will only be considered an active participant in the program for a period of time known as the certification period (DC Department of Human Services n.d.). In order to continue receiving SNAP benefits, they must be renewed at regularly occurring intervals (DC Department of Human Services n.d.). In Georgia, the certification period ranges from 4–12 months, depending on factors such as housing status, age, and occupation (Georgia Department of Human Services 2021). The renewal process is similar to the initial application in that it requires filing an application and completing an interview (Georgia Department of Human Services 2021).



Once approved to receive SNAP benefits, individuals may only use them at qualifying stores toward certain food items (for example, alcohol; vitamins; medicines; and hot, ready-made food items are generally excluded from eligible products) (USDA Food and Nutrition Service 2021). There are about 248,000 qualified retailers who participate in SNAP across the nation, including big-box supermarkets, specialty stores, farmers markets, and convenience stores (Center on Budget and Policy Priorities n.d.b). In Georgia specifically, there are 9,266 authorized retailers participating in SNAP (Center on Budget and Policy Priorities n.d.a).

GAPS IN SNAP PARTICIPATION

Although SNAP is the largest food assistance program in the US, a portion of households that are eligible for SNAP do not participate in it (Gundersen, Kreider, and Pepper 2011). In 2017, 14 percent of eligible individuals and 29 percent of eligible workers in Georgia were not participants in SNAP, indicating a sizable gap in participation (Center on Budget and Policy Priorities 2021b). Participation in SNAP is especially low among people 60 and older; in fact, while 83 percent of all eligible people participate in SNAP nationwide, the rate of eligible seniors who participate is only 42 percent (Food Research & Action Center n.d.). In Georgia specifically, about one-tenth of households with seniors deal with food insecurity, and the rate of eligible seniors who participate in SNAP is even lower than the national average, at 34 percent (Food Research & Action Center 2019).

Barriers to participation in SNAP among eligible individuals include lack of knowledge about SNAP eligibility (Bartlett et al. 2004), the administrative burdens of applying for SNAP benefits (Mills et al. 2014), and stigma surrounding receiving benefits from federal nutrition assistance programs (Gundersen and Ziliak 2015).

Barrier: Lack of Awareness

Some eligible individuals do not participate in SNAP because they are not aware of SNAP, not aware of their eligibility for SNAP, or don't know how to access SNAP (FitzSimons, Weill, and Parker n.d.). According to a study by Abt Associates Inc., over half of the households who were potentially eligible for SNAP but were not participants in June 2000 either believed they were ineligible or were unsure about their eligibility, but a majority of nonparticipating households surveyed did indicate that they would have participated in SNAP if they had been certain of their eligibility (Bartlett et al. 2004). Nonparticipant households who believed they were ineligible or were unsure about their eligibility were more likely to have incomes above the poverty line and were less likely to experience hunger and be food insecure in the prior year compared to households who believed they



were eligible (Bartlett et al. 2004). Among respondents who believed they were ineligible, 55 percent cited the amount of earned income as a reason for why they believed themselves ineligible, while a smaller percentage also mentioned the value of their owned vehicle and financial assets as reasons (Bartlett et al. 2004).

Some eligible nonparticipant households do not know what SNAP is or are confused about how to access SNAP benefits. In particular, these issues have been observed among immigrant communities in the US. A survey that examined under-participation in SNAP among Latinx American immigrant families found that among households with at least one eligible child that had no participating child, 16 percent did not know about SNAP, while 16 percent were unsure of how to apply and 4 percent were unsure of where to apply (Pelto et al. 2020). Another study that examined underutilization of SNAP among Asian and Pacific Islander (API) immigrants in California found that knowledge about CalFresh, another name for SNAP in California, was limited among Tongan, Chinese, and Filipino participants. Through interviews, it was clear that residency status and the limited assets eligibility criteria led some APIs to believe they were ineligible for SNAP (Louie, Kim, and Chan 2020).

Barrier: Administrative Burdens

Among households that are aware of their SNAP eligibility, many have mentioned that they do not participate because of the costs of applying (Bartlett et al. 2004). A study by Abt Associates Inc. found that among survey respondents who thought they were eligible but were nonparticipants in SNAP and those indicated they would not apply for SNAP even if they discovered they were eligible, 64 percent cited reasons related to costs, including difficulties with completing required paperwork, spending time away from work or dependent care responsibilities, and getting to a food assistance office (Bartlett et al. 2004). Beyond the initial application, households must periodically complete the renewal process for SNAP to remain in the program. This process is similar to the initial application in that individuals must provide necessary documents to verify household circumstances and complete both an application for renewal and an interview (Bartlett et al. 2004). While no longer being eligible for the program based on income or assets is a reason why some households exit the program during recertification months, some households fail to complete the recertification process due to difficulty with verification requirements and general confusion about the process (Bartlett et al. 2004).

Administrative burdens associated with SNAP can lead to participant “churn,” which is a term that refers to a household exiting and re-entering SNAP within a four-month period (Mills et al. 2014). The majority of churning cases occur during scheduled renewals



or when an interim report is needed, and an eligible participant might exit SNAP due to missing an interview or not filing required paperwork correctly. Participants have lost benefits because their notice for renewal was sent to the wrong address, because they did not respond to the renewal notice, or because they were not able to access a call center to receive help with the renewal. Participant churn is costly for food insecure individuals, as they must then set aside additional time to reapply for benefits and find ways to fill the gaps from lost benefits. For such households, making ends meet on a limited budget can result in housing insecurity, difficulty paying for other essential expenses, and extra incurred travel costs to supplemental food options like food banks. Churn can also present additional costs to employees within state agencies. Interim reports and recertifications generally take one-third to one-half as much time from staff as reapplications that occur due to churn (Mills et al. 2014).

Barrier: Stigma

A final barrier that often prevents eligible individuals from seeking nutrition assistance is the stigma associated with participating in SNAP (FitzSimons, Weill, and Parker n.d.). Some individuals are worried about others finding out that they need assistance from SNAP—though the Electronic Benefits Transfer (EBT) cards that resemble bank debit cards have helped reduce the stigma of participating in the program (FitzSimons, Weill, and Parker n.d.). A study by Abt Associates Inc. found that among households that believed they were eligible for SNAP but were not participants and households that indicated that they would not apply for SNAP even if they found out about their eligibility, 91 percent mentioned a need for personal independence as a reason for not applying to the program, as they did not want to depend on assistance from the government (Bartlett et al. 2004). Additionally, 45 percent of these households expressed that their reasons for not applying related to stigma surrounding the program, as they did not want to visit a welfare office, did not want others to see them shop with benefits, and did not want others to know that they needed assistance (Bartlett et al. 2004). Interviews have also shown that some people have negative experiences with SNAP caseworkers and feel that their time at county assistance offices is stressful and humiliating (Gaines-Turner, Simmons, and Chilton 2019).

The barriers to participating in SNAP—a lack of awareness about eligibility for the program, stigma associated with experiencing food insecurity and using benefits, and administrative burdens to both apply to and remain in the program—are important for policymakers in Georgia to consider in working to alleviate food insecurity. The next section will explore strategic recommendations for addressing these barriers to participation and decreasing the burden of food insecurity in Georgia.



RECOMMENDATIONS TO ADDRESS FOOD INSECURITY AND IMPROVE SNAP PARTICIPATION AMONG ELIGIBLE INDIVIDUALS IN GEORGIA

Georgia can better address the barriers to participation in SNAP presented by stigma, administrative burdens, and lack of awareness about eligibility for the program through several strategic interventions. These interventions include: (1) establishing a set of best practices to address food insecurity in health care facilities across Georgia and (2) expanding involvement of health care facilities, senior centers, and community-based organizations in providing referrals or on-site SNAP assistance during initial application and renewals.

ESTABLISH BEST PRACTICES FOR ADDRESSING FOOD INSECURITY IN HEALTH CARE FACILITIES ACROSS GEORGIA

The Georgia Department of Community Health (DCH) should establish a set of best practices for addressing food insecurity within health care facilities in Georgia. In particular, the department should champion the 2-item Hunger Vital Sign as an effective tool to screen for food insecurity, provide guidance on how clinicians should approach discussions on food insecurity, and make suggestions for points of referral for those identified as food insecure within health care facilities in the state.

Food insecurity is a public health issue that can increase the chance of developing obesity, diabetes, and mental illness (American Hospital Association n.d.). Screenings for food insecurity in health care settings have been recommended by organizations such as the American Academy of Pediatrics, who issued a statement in 2015 recommending that pediatricians use the Hunger Vital Sign to screen their patients for food insecurity and that they familiarize themselves with resources in the community that food insecure patients can be referred to (Schwarzenberg et al. 2015). The American Diabetes Association has also made similar recommendations, encouraging clinicians to conduct screenings for food insecurity and to link patients with food resources in the community (American Diabetes Association 2017). While these screenings are the first step in identifying food insecurity and allow clinicians to determine whether it is appropriate to refer a patient to food resources such as SNAP, a cross-sectional study of hospital and physician practices in the US found that only about 39.8 percent of hospitals and 29.6 percent of physician practices conduct screenings for food insecurity (Fraze, Brewster, and Lewis 2019). There is therefore a need for expansion of these initiatives.



Although there are several types of screenings for food insecurity, the Hunger Vital Sign (HVS) screening tool, drawn from the 18-item Household Food Security Survey Module (HFSSM) (Gattu et al. 2019), identifies individuals with food insecurity and has been validated for use among young children (Hager et al. 2010), adolescents (Baer et al. 2015), and adults (Gundersen et al. 2017). Information obtained from HVS screenings can have important public health implications. Children under the age of four who were identified to be food insecure via the HVS screening were 60 percent more likely to face risk of developmental delays and 17 percent more likely to have been hospitalized than their food secure counterparts, while mothers identified as food insecure through the HVS screening were almost three times as likely to report feeling symptoms of depression (Goldman et al. 2014).

In this system, patients respond to the items stating, “within the past 12 months we worried whether our food would run out before we got money to buy more” and “within the past 12 months the food we bought just didn't last and we didn't have money to get more” (Gattu et al. 2019), and a positive response to either of these statements leads one to be identified as food insecure (Smith et al. 2017). Screenings for food insecurity can be incorporated into existing procedures for patient intake in clinical settings and can be quickly conducted verbally or through written questionnaires (Feeding America n.d.d). Over time, the incorporation of the Hunger Vital Sign into electronic medical record systems has been increasing (Feeding America n.d.a). The results from screenings for food insecurity can further help with identifying whether a patient is eligible for federal assistance programs such as SNAP and whether it would be appropriate to discuss food insecurity at future visits to a health care facility (Health Research & Educational Trust 2017).

Implementing screenings for food insecurity has proven to be beneficial in health care facilities across the US, and many of these facilities have found ways to assist food insecure people following screening. For example, at Boston Medical Center (BMC), patients found to be food insecure through screenings by clinicians are given a prescription to the Preventive Food Pantry, a food pantry started by BMC that is funded by donations from a food bank and other community organizations, to obtain meals advised by their physicians. The medical center also provides assistance for SNAP applications, gift cards to buy food, and an on-site WIC program. Similarly, Arkansas Children's Hospital has an on-site WIC office that assists with applications for benefits and a food pantry bus that provides groceries to patients. Patients at Arkansas Children's Hospital who are identified as food insecure based on screenings receive both referrals and food (American Hospital Association n.d.). The Zuckerberg San Francisco General Hospital Diabetes Clinic,



a safety-net diabetes clinic with a high number of food insecure patients, has utilized HVS to screen for food insecurity and has connected food insecure patients with resources. As part of this initiative, the clinic offers food insecure individuals information about community food resources, such as SNAP and programs that provided free groceries. Additionally, eligible individuals are given assistance with enrolling for Project Open Hand, a community-based organization dedicated to providing medically tailored meals for those with diabetes (Marpadga et al. 2019).

Considering that health care providers are often a trustworthy source of information for patients, screening patients for food insecurity and encouraging them to seek assistance can also help reduce the stigma of experiencing food insecurity and of using federal nutrition programs such as SNAP (American Hospital Association n.d.). Additionally, educating patients about SNAP and other community food resources within health care settings can combat a lack of awareness that prevents many eligible individuals from utilizing these resources. While health care facilities across Georgia can play a crucial role in addressing food insecurity through the implementation of screenings and referrals or on-site assistance with applying for resources such as SNAP, there are some challenges involved with such interventions. A study conducted on three pediatric clinics that implemented HVS screenings and referred food insecure individuals to a benefits access organization found that some challenges within the program included physicians and social workers having difficulty understanding the referral process, caregivers of children being reluctant to admit to experiencing food insecurity due to stigma and fear of judgement, and physicians experiencing administrative strains in conducting follow-up conversations after positive food insecurity screening results (Knowles et al. 2018). Despite these challenges, caregivers who applied for benefits via the benefits access organization were able to avoid visiting county assistance offices, which they described in a negative manner (Knowles et al. 2018).

Considering the potential for confusion among clinicians and the sensitive nature of discussing food insecurity with patients, the Georgia Department of Community Health should establish a set of best practices for efforts to address food insecurity in health care settings across Georgia. These guidelines should encourage usage of the HVS screening tool, provide guidance on how to approach discussions about food insecurity and federal nutrition assistance programs in health care settings, and supply information on how health care facilities should identify and collaborate with organizations in the community to which food insecure patients can be referred. Such a set of statewide best practices could simplify the decision-making process for health care facilities aiming to address food insecurity and promote greater involvement of these facilities in conducting screenings and referrals across Georgia.



EXPAND NETWORK OF HEALTH CARE FACILITIES, SENIOR CENTERS, AND COMMUNITY-BASED ORGANIZATIONS PROVIDING ASSISTANCE FOR SNAP ACROSS GEORGIA

The Division of Family & Children Services (DFCS) within Georgia's Department of Human Services should work to expand the network of health care facilities, senior centers, and community-based organizations across Georgia that can provide assistance with SNAP applications on-site or refer people to organizations with capacity to support SNAP-eligible individuals. The Department of Human Services' central role as the government agency that oversees administration of SNAP and other federal assistance programs places it in an ideal position to gauge capacity to implement interventions that provide referrals or on-site assistance, foster relationships between institutions in vastly different geographical locations across the state, and identify regions of the state in which further interventions are needed to combat food insecurity and increase participation in SNAP.

Health care facilities, senior centers, and community-based organizations can reach individuals who may not otherwise apply for benefits by themselves. Considering that some SNAP participants have a negative perception of county assistance offices (Knowles et al. 2018), integrating assistance into these commonly visited places provides additional avenues to register for and participate in SNAP. Additionally, on-site assistance or referrals to other organizations within health care facilities, senior centers, and community-based organizations can reduce administrative burden for DFCS offices. Some health care facilities, senior centers, and community-based organizations may provide food insecure individuals with phone numbers to connect them with food resources, while others may have a more comprehensive approach in place, actively involving volunteers, community health workers, social workers, or case managers. In Georgia, organizations that meet the qualifications to become a Georgia Gateway Community Partner can directly assist with providing on-site assistance and submitting applications for SNAP and other federal assistance programs (State of Georgia n.d.a). Georgia Gateway Community Partners are classified as either assisted service sites or umbrella organizations and include government agencies, Department of Human Services agencies, agencies in formal agreement with the Department of Human Services to provide direct community services to Georgia citizens, and charitable organizations (State of Georgia n.d.a). The assisted service sites are registered by choice of the umbrella organizations, who must ensure that assisted service sites are complying with all the requirements of being a Georgia Gateway Community Partner (State of Georgia n.d.a).

Several organizations and facilities both in and out of Georgia provide successful examples of the benefits that these kinds of interventions can have. Wholesome Wave Georgia, an organization committed to ensuring access to fresh, healthy food, hosts



a Georgia SNAP Connection Program that provides free assistance for SNAP and other programs that people can apply for through Georgia Gateway (Wholesome Wave Georgia n.d.). As a registered Georgia Gateway Community Partner of the Division of Family and Children Services within Georgia's Department of Human Services, the organization provides on-site assistance with applications, renewals, and EBT card replacements (Wholesome Wave Georgia n.d.). In Minnesota, the Hennepin County Medical Center implemented an electronic medical record-based referral system in 2015 that, with patient consent, auto-faxed patient contact information to a partner food bank providing application assistance for SNAP and the Commodity Supplemental Food Program (CSFP), as well as information about other food resources (Hager and Cutts 2016). In that year, 64 percent of the 1,003 total patient EMR-based referrals were contacted after the food bank called three times, and 67 percent of these patients contacted that were not already participants in SNAP completed an application (Hager and Cutts 2016).

For eligible seniors age 60 or older—a group with especially low rates of participation in SNAP among eligible individuals (Food Research & Action Center n.d.)—senior centers can be helpful in providing assistance with completing the application process and filing renewal paperwork for SNAP (Negus and Baker 2020). Senior centers are particularly convenient places to implement such assistance, as most visitors of these centers come many times a week and stay for several hours each time (AARP Foundation and Food Research & Action Center 2014). Providing on-site assistance within these facilities can reduce the number of trips that a senior would need to make to public assistance offices or other community assistance sites to be able to access SNAP benefits. In addition to reducing application barriers, these familiar institutions can offer personal connection that helps build trust and lessen negative perceptions of SNAP among this age group (Negus and Baker 2020).

Existing interventions have demonstrated that this kind of assistance within senior centers can reach many individuals. For example, at the Amherst Center for Senior Services (NY) in Erie County, where case managers assist low-income participants in applying for benefits, case managers had the greatest number of SNAP enrollments in all of Erie County compared to other county case management teams in 2013 (AARP Foundation and Food Research & Action Center 2014). However, SNAP assistance for seniors can vary between different senior centers, depending on their capacity to support low-income individuals. Senior centers that do not have enough staff to assist with applications on-site can partner with other organizations that provide benefits counseling. For example, Partners for a Hunger-Free Oregon's county SNAP eligibility worker visits senior centers to build rapport with seniors and connect them to SNAP benefits (AARP Foundation and Food Research & Action Center 2014).



Implementing on-site assistance for SNAP applications and renewals or systems for referrals within health care facilities, senior centers, and community-based organizations can break down application barriers, lessen stigma, and increase awareness of SNAP and the way it functions. While the way in which these interventions are designed can vary between institutions due to factors such as building space, organizational capacity, and institutional goals, the Division of Family and Children Services within the Georgia Department of Human Services should work to expand the volume of health care facilities, senior centers, and community-based organizations that can provide this assistance to food insecure individuals across the state. Expansion of these initiatives eases the workload for state agencies, provides additional avenues to complete initial SNAP applications and renewals for Georgia residents, and may even increase the community presence of health care facilities, community-based organizations, and senior centers involved in these efforts. To expand these interventions across the state, the Division of Family and Children Services should coordinate implementation of these interventions in areas of Georgia in which there is community need for on-site assistance or referral programs for SNAP outside of county assistance offices, facilitate partnerships between registered Georgia Gateway umbrella organizations and potential assisted service sites, provide necessary trainings and agency personnel to work in collaboration with Georgia Gateway Community Partners and other assisting organizations to build capacity, and make suggestions for how organizations involved in these efforts can improve their outreach to the community.

CONCLUSION

The COVID-19 pandemic has exacerbated issues of food insecurity across the United States (Feeding America 2021a), and it is more crucial than ever to address barriers for participation in federally funded nutrition assistance programs such as SNAP. Many individuals who are eligible for such programs do not participate due to lack of awareness about eligibility or about the program itself, the stigma of receiving benefits, and administrative burdens (FitzSimons, Weill, and Parker n.d.).

Considering the impact that food insecurity can have on health, conducting screenings for food insecurity within health care facilities and directing food insecure individuals to community food resources is important. The trust that patients have with clinicians within health care facilities can help increase awareness of and decrease the stigma surrounding food insecurity and federal nutrition assistance programs. The Georgia Department of Community Health should establish statewide best practices for health care facilities aiming to address food insecurity, including promoting use of the 2-item



Hunger Vital Sign screening tool, providing guidance on how clinicians can approach conversations about food insecurity in a sensitive and culturally competent manner, and helping identify points of referral from health care facilities for those with positive food insecurity screening results.

Additionally, to help connect more individuals and families to benefits and reduce food insecurity across Georgia, the Division of Family and Children Services within Georgia's Department of Human Services should work to expand the number of health care facilities, senior centers, and community-based organizations involved in efforts to assist with SNAP on-site or refer individuals to assistance. These facilities and organizations can reach individuals whom the DFCS offices may not be able to reach directly. These institutions, which food insecure individuals may already visit on a regular basis, decrease the administrative burdens of applying for SNAP by reducing the number of trips needed to get assistance for applications and by helping eligible individuals navigate the long and complex application process that can be a major barrier to participation (FitzSimons, Weill, and Parker n.d.). Additionally, these institutions can provide a sense of familiarity and connection to those who use them, potentially decreasing the stigma associated with food insecurity and using SNAP. While interventions implemented among various health care facilities, community-based organizations, and senior centers vary due to their differing capacities, the Division of Family and Children Services should play a central role in expanding the volume of interventions among these institutions in Georgia to further increase the number of avenues to complete the SNAP initial application and renewal processes.

Through these actions by state agencies, the state of Georgia can more effectively address food insecurity and the gap in SNAP participation among eligible individuals within the state.



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