The Florida Project: Recommendations for Healthy Eating SNAP Pilot Projects
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Tables of Contents

Executive Summary ........................................................................................................................................... 2

Overview of SNAP ............................................................................................................................................. 3
  Background on the Federal SNAP Program ........................................................................................................ 3
  Background on SNAP in Florida .......................................................................................................................... 4

Background on the Florida Project ....................................................................................................................... 8
  The Project Gathered Extensive Information and Recommendations from Diverse SNAP Participants ............ 10
  Statewide Survey of SNAP Participants .............................................................................................................. 11

Survey Results: SNAP Participants Face Barriers in Purchasing Healthy Food ....................................................... 12

Survey Results: Recommendations Related to Purchasing Healthy Food with SNAP Benefits ............................... 14

Survey Results: SNAP Participation Remains Low Among Those Who Are Eligible ............................................ 19

Survey Results: Many Participants Lack Knowledge About Maximizing Their SNAP Benefits .............................. 21

Survey Results: Participants Recommend that Florida Advertise SNAP More Widely and Align Program Eligibility to Increase Participation ................................................................. 22

Regional/Statewide Focus Groups and Meetings .................................................................................................... 23
  Focus Group Results Bolstered the Survey Findings ............................................................................................ 24
  Focus Group Recommendations ........................................................................................................................ 26
  Recommendations from the November 2021 Meeting of Partners and Participants Align with Recommendations of Focus Groups ................................................................................................................................. 27

Next Steps: Policies and Pilot Projects to Improve SNAP in Florida ...................................................................... 29
Executive Summary

Despite its singular role in combating hunger, the Supplemental Nutrition Assistance Program (SNAP), which provides monthly food assistance to nearly 2 million Floridians, is at times the target of inquiries into its scope and effectiveness. State and federal lawmakers question the nutritional value of food purchased with SNAP as well as underlying policies that have expanded the scope and eligibility for the program. Participants report that their ability to purchase fresh fruit and vegetables is affected both by benefit allotments that are too low and the lack of participating retailers that stock nutritious food. In addition, although people of color experience health disparities and are more likely to face food insecurity and die from nutritional deficiencies than any other group in Florida, participation among people of color has declined significantly in recent years.

Given these concerns, diverse stakeholders in Florida, with support from the Center for Science in the Public Interest (CSPI), initiated the Florida Project to explore innovative strategies for strengthening the nutrition and health outcomes of SNAP participants based on the suggestions of people with lived expertise and experience. The goal of the project was to identify policy recommendations and pilot projects for SNAP that promote public health, nutrition, and equity, while protecting access to SNAP.

Stakeholders for the project include Florida Policy Institute, Florida Impact to End Hunger, Central Florida Alliance to End Hunger, Concerned African Women Inc., Tampa Bay Network to End Hunger, and Whole Child Leon.

Project results, based on a statewide survey of SNAP recipients, suggest that the top barriers to purchasing healthy food with SNAP are the high cost of nutritious food and low SNAP benefit allotments. Another issue identified by respondents as a roadblock — this one to a lesser extent — was marketing techniques; namely, healthy food not being promoted, or unhealthy food being advertised more prominently.

SNAP households responding to the survey demonstrated an interest in testing policies that provide incentives to promote healthy eating. While most respondents rejected the notion of a strategy that would directly restrict food choice, such as forbidding them from buying less nutritious food and beverages with SNAP, their suggestions recognized the importance of approaches that allow them to maximize their ability to provide a well-balanced diet. The top three recommendations for a policy or pilot project selected by survey respondents were:

- Allowing people to buy healthy hot and prepared foods;
- Increasing how much money people can use in SNAP for healthy foods and beverages; and
- Increasing how much money people can use in SNAP for food and beverages, regardless of the nutritional value.
Overview of SNAP

The Supplemental Nutrition Assistance Program (SNAP) is the most effective and efficient anti-hunger program in the United States. In Florida, SNAP provides monthly assistance to almost 2 million households with low income to purchase food at roughly 15,000 grocery stores and farmers markets across the state.

Unlike many other safety net programs, which restrict eligibility based on household characteristics such as disability or caring for a minor child, SNAP allows all food-insecure households to potentially qualify regardless of their health or family composition. Every state in the country, as well as the District of Columbia and some U.S. territories, has opted to participate in the program. Allotment amounts range from a maximum of $250 a month for one person to $658 a month for families of three, with incremental increases for larger households. For typical households, SNAP provides a maximum of between $2 and $3 per person per meal.

Background on the Federal SNAP Program

SNAP is administered on the federal level by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA).

SNAP originated as the Food Stamp Program in the Food Stamp Act of 1964. Although the Food Stamp Program was not instituted nationwide until the late 1970s, it was designed as a joint effort between states and the federal government to improve levels of nutrition among low-income households.

From its inception, the program has demonstrated its effectiveness in fighting food insecurity and improving nutrition. Researchers who were examining malnutrition among children in poverty-stricken areas of the United States during a ten-year period beginning in 1967 found a reduction in nutrition-related problems, which they attributed in large part to food stamps. Later studies have overwhelmingly corroborated the program as effective in combating hunger and improving both short- and long-term health, academic performance, and economic self-sufficiency.

While administrative costs of SNAP are shared by each state and the federal government, the costs of benefits distributed to eligible households are paid for in their entirety by the federal government. Congress reauthorizes SNAP through the Farm Bill approximately every five years, which gives lawmakers the opportunity to make systemic changes to the program to improve its scope and efficacy.

SNAP allotments are set according to the Thrifty Food Plan, which is a plan that USDA establishes for a nutritious diet at the least possible cost. However, SNAP participants and advocates have maintained that benefit amounts are insufficient to meet households’ needs. In 2021, USDA reevaluated the Thrifty Food Plan for the first time since 2006. Because of the reevaluation, USDA increased SNAP maximum allotments effective October 2021. The increase amounts to about $8.38 per week per person, or roughly $1.20 per day. Although modest, this adjustment is an overdue first step towards ensuring
that households can meet their nutritional needs. Even so, SNAP benefits are not intended to cover all a household’s food needs for the entire month. The formula that USDA uses to determine SNAP allotment amounts assumes that a participating family will contribute 30 percent of their income for food each month. As a result, it is not uncommon for a household to use up its SNAP allotment before the end of the month.\textsuperscript{12}

Federal law restricts items that can be purchased with SNAP. Under current law, people cannot use food assistance benefits to buy non-food items such as alcohol, tobacco, food to eat in the store, hot foods, pet food, cleaning and paper products, vitamins or medicine, soap and dish detergent, and deodorant and other personal hygiene items.

**Background on SNAP in Florida**

In Florida, the SNAP program is called “food assistance.”

Florida has participated in SNAP since at least 1969.\textsuperscript{13} Although the program remains effective as an anti-hunger tool, management of the SNAP program in Florida has changed dramatically in recent years. Lawmakers have reduced funding for the administration of Florida’s safety net programs, which has driven the Department of Children and Families (DCF), the state agency responsible for operating SNAP,\textsuperscript{14} to close many of its offices, and it has forced DCF to develop a delivery model that relies heavily on technology and volunteer community partners to conduct business. This is commonly referred to as “modernization.”

Since March 2020 — the start of the COVID-19 pandemic in Florida — the SNAP caseload has grown from 2.7 million to about 3.1 million people, hitting a recent high of roughly 3.9 million in September 2020.\textsuperscript{15} (See Figure 1.)
SNAP participants in Florida are diverse ethnically, racially, and by other household characteristics. (See callout on previous page.) Roughly 25 percent of households are headed by a member who is Black, 31 percent are headed by a member who is Hispanic, 33 percent have a head of the household who is white, and 2 percent of SNAP families are headed by someone who is Asian or Native American or reports multiple races. The average size of a SNAP household in Florida is about two people.

The number of Black participants in SNAP in Florida has declined precipitously in recent years. In 1992, approximately 41 percent of SNAP recipients were Black, 16 percent were Hispanic, and 40 percent were white.

Although participation in SNAP had declined prior to COVID-19 due, in large part, to an improved economy, the decrease in participation by Black families is concerning. Black households are roughly twice as likely as white households to live in poverty in Florida and are more likely to experience food insecurity. (See Figure 2.) Further, Black Floridians are dying from nutritional deficiencies, such as Vitamin D deficiency and rickets, at a rate that is 33 percent higher than white Floridians. Because receipt of SNAP has been shown to reduce hunger and improve nutrition and poverty rates, the decline in participation among Black households reinforces the importance of devising new strategies to increase participation with the goal of promoting racial equity and ensuring that all Floridians can access healthy food.
There are several ways in which Floridians can apply for SNAP. These options include applying electronically from a computer or completing a paper application that can be mailed, faxed, or returned in person to DCF. During the first year of the COVID-19 pandemic, DCF also allowed SNAP participants to apply by phone. However, that practice was discontinued in 2021.

SNAP benefits are provided to eligible households in Florida through Electronic Benefit Transfer (EBT) cards. Each month, a household’s allotment is posted to the EBT cardholder’s SNAP account. Households use their EBT cards to purchase groceries at participating stores and farmers markets in the same way that they use debit cards. To buy food with SNAP, households swipe their EBT card at point-of-sale (POS) terminals in the check-out line.

"Modernizing" SNAP in Florida Created Barriers for Participants

Facing budgetary cutbacks in 2004, DCF initiated “modernization” efforts to reduce administrative costs associated with SNAP by moving to widespread use of technology, such as online applications, to operate the program.

As part of this cost-saving effort, the state began closing many of its brick-and-mortar offices. In just the first year of its modernization initiative, DCF reduced its budget for eligibility determinations by $73 million and its workforce by 36 percent. By 2011, DCF had already closed 78 percent of its offices. Today, approximately one-third of Florida counties — particularly rural counties — have no brick-and-
Instead, in many places in the state, DCF relies exclusively on technology and community partners who agree to provide varying degrees of help to people who receive or are applying for assistance.

Florida’s technology-heavy model for delivery of SNAP assistance has the benefit of allowing households with computer access to apply for help on days and at times that are convenient for them without having to travel to a physical location or take off work or school to apply. However, at the same time, people who lack internet service, are not computer literate, or have cognitive or physical disabilities that impact use of a computer may have a difficult time applying for SNAP. Further, many people living in rural areas, who are more likely to lack adequate internet service, may also be in counties that do not have a brick-and-mortar DCF office — counties like Dixie, Gilchrist, Jackson, Jefferson, Lafayette, Levy, Taylor, Union, and Washington. Similarly, some community partners operate at reduced hours or have limited staff and resources available to assist SNAP participants, particularly during the COVID-19 pandemic.

Current Initiatives and Policies in Florida Either Strengthen or Undermine Access To SNAP

Florida has a mix of laws and policies that both discourage and encourage SNAP participation among families with low income.

For example, Florida is among the minority of states that disqualify people from participating in SNAP for failure to cooperate with child support enforcement, place a lifetime ban on participation by persons with drug felony convictions, extend disqualification for noncompliance with work requirements to the entire household, and do not allow waiver of time limits absent legislative approval.

However, Florida has also chosen to implement Broad-Based Categorical Eligibility (BBCE), which is a policy that expands access to the SNAP program. Under BBCE, most households in Florida do not have an asset limit and can have gross income up to 200 percent of the poverty level unless the family has a member who has committed fraud, has been convicted of drug trafficking, is fleeing prosecution for a felony, or has an Employment and Training (E&T) sanction.

Without BBCE, most households would be ineligible for SNAP if their assets, such as cash or property, total more than $2,250 (or $3250 for households with a member who has a disability or is a senior). In addition, a household’s monthly gross income, which is income before any deductions are subtracted, could not exceed 130 percent of poverty ($2,379 for a family of three effective October 2021).

BBCE is often misunderstood by lawmakers and others. One common misconception is that households are automatically eligible for SNAP benefits if their gross income falls under 200 percent of poverty. In fact, being broad-based categorically eligible does not guarantee that an applicant qualifies for SNAP. Instead, households who are BBCE are subject to a detailed calculation to determine if their net income is low enough to qualify for assistance. In most cases, these families will be required to demonstrate high housing costs and other expenses to be determined eligible. In addition, households must be
interviewed by DCF and provide proof of their eligibility, such as by supplying pay stubs and birth certificates.

If Florida did not have BBCE, more than 325,000 Floridians currently participating in SNAP in Florida would lose their food assistance even though they continue to need help to put food on the table. This includes over 200,000 low-income workers who rely on SNAP to make ends meet as well as tens of thousands of families with children and seniors.32

Florida also has a Fresh Access Bucks (FAB) program through a $4.9 million grant from USDA to Feeding Florida, a 501(c)(3) nonprofit organization.33 FAB provides SNAP participants an equal amount in free fruits and vegetables when they use their SNAP benefits at participating vendors, which may include farmers markets, farm stands, community-backed agriculture efforts, and mobile markets. For example, households who spend $10 at a participating vendor will get an extra $10 for fresh produce.34

In recent legislative sessions, Florida lawmakers have proposed bills that seek to limit SNAP eligibility, such as eliminating BBCE, reinstating an asset test, and lowering income eligibility thresholds for assistance. These proposals, which have not been passed by lawmakers, were largely advanced without input from Floridians who participate in SNAP.

Florida legislators have also introduced various bills to limit food choice,35 such as bills that would prohibit the purchase of sugary beverages or unhealthy food with SNAP. However, although lawmakers had intended to force families participating in SNAP to make healthier choices, participants and anti-hunger advocates bristled at proposed restraints on how families use their benefits, the lack of clear standards for identifying unhealthy food, and the cost associated with tracking food products.36 As a result, these bills, which were filed without meaningful guidance from households with lived expertise, were not enacted into law.

Absent consideration of the experiences and ideas of households who participate in SNAP, the Florida Legislature risks damaging the scope and efficacy of SNAP. The project will serve as a guide to improvements to SNAP that are based on the lived experiences of people who participate in the program.

**Background on the Florida Project**

SNAP has a longstanding track record of improving the nutrition and health of people with low income. However, SNAP participants, anti-hunger stakeholders, public health professionals, and policymakers all recognize the need to better promote healthy eating among SNAP households.

In 2021, diverse stakeholders in Florida, with support from the Center for Science in the Public Interest (CSPI), explored new strategies for strengthening the nutrition and public health outcomes of SNAP. The stakeholders developed recommendations for innovative approaches in the program’s administration that will support improved nutrition and healthy eating based on the suggestions of people with lived expertise. The goal of the project was to seek suggestions from SNAP participants on
how the program could better assist households to access and purchase healthy food and inform policymakers of realistic strategies to improve access and better nutrition.

Project partners were selected based on their representation of diverse areas of the state and a cross-section of urban and rural communities with the goal of maximizing survey respondents and focus group participants. For each partner, equity is at the core of their mission. Project partners included:

- Florida Impact to End Hunger (Project Manager)
- Florida Policy Institute (Lead Advisor)
- Central Florida Alliance to End Hunger (Area Advisor-Central Florida)
- Concerned African Women, Inc. (Area Advisor- South Florida)
- Tampa Bay Network to End Hunger (Area Advisor-West Coast)
- Whole Child Leon (Area Advisor- North Florida)

The Florida Project is modeled, in part, after similar work in other states, including Iowa, Massachusetts, North Carolina, and Pennsylvania. Area advisors worked directly with people with lived expertise in an effort to build consensus and support for healthy SNAP policies that can be tested on a pilot basis in Florida and, ultimately, at the national level. The project’s recommendations were based exclusively on feedback from households who are participating or have participated in SNAP.

The project captured various racial, economic, and geographic perspectives to recommend strategies to better support healthy eating among SNAP recipients. To accomplish this, the project:

- **Conducted a statewide survey over a two-month period using a uniform survey instrument.** Three hundred and forty-one (341) racially and ethnically diverse participants responded from four geographical regions of the state. (See Figure 3.) Approximately 14 percent of survey respondents were unable to be identified by region based on errors inputting their zip codes. However, because all respondents were required to live in Florida, their responses were considered. The input from the survey identified the top SNAP strategies recommended by participants, and the following

![Figure 3. SNAP Recipients from all Regions of the State Participated in the Survey](image-url)
activities served to bolster and affirm these findings.

- **Convened one statewide and four regional virtual focus groups composed of SNAP participants over a three-month period.** A total of 32 people took part in the focus groups.
- **Convened one virtual meeting in November 2021 to discuss preliminary findings of the Florida Project and to make additional recommendations.** Sixteen survey respondents and partners from community-based organizations attended the virtual meeting.

The project had several goals:

- Examining different strategies often promoted by experts to better support healthy eating among SNAP participants;
- Examining how SNAP participants in Florida reacted to and perceived these strategies, as well as offering participants space to share their own unique strategies; and,
- Developing recommendations obtained from SNAP participants for pilot approaches that can be tested in Florida to support better nutrition and more healthy eating among SNAP participants with the goal of replicating the pilot nationwide.

The top three strategies to helping Florida SNAP recipients buy more healthy food selected by survey respondents from a list of 11 ways were considered the suggested recommendations for a pilot project.

**The Project Gathered Extensive Information and Recommendations from Diverse SNAP Participants**

<table>
<thead>
<tr>
<th>FOCUS GROUPS AND STATE-WIDE SURVEY</th>
<th>Focus Groups</th>
<th>State-Wide Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Methodology</strong></td>
<td>Five structured virtual convenings (excluding hybrid focus group of partners and participants)</td>
<td>Uniform survey developed by Project partners</td>
</tr>
<tr>
<td><strong>Data Collection</strong></td>
<td>Conducted 1 virtually state-wide and in 4 regions</td>
<td>Distributed and collected state-wide</td>
</tr>
<tr>
<td><strong>Participants</strong></td>
<td>32 participants</td>
<td>341 respondents</td>
</tr>
</tbody>
</table>
| **Demographics**                 | Demographic data not collected | • Black: 30%
 |                                 |               | • Hispanic/Latino: 22%
 |                                 |               | • White: 41%
| **Analysis**                     | Qualitative data analyzed | Qualitative data analyzed |
Statewide Survey of SNAP Participants

The survey developed by the Florida Project consisted of a total of 13 questions. (See Appendix 1.) It gathered demographic and other household information by zip code from respondents, including age, gender identity, race, ethnicity, and household size. Surveys were distributed both online and in paper form in English, Spanish, and Creole over a two-month period by the networks of project partners. The survey was limited to people who currently participate or have participated in SNAP in Florida, including households receiving Pandemic Electronic Benefits Transfer (P-EBT).

The survey also asked respondents to answer questions about past problems in enrolling or maintaining eligibility for SNAP, awareness of benefits of the SNAP program beyond monthly assistance, suggestions for increasing the enrollment of eligible households in SNAP, barriers to buying healthy food with SNAP, and strategies for initiatives to make it easier for SNAP participants to maintain a more nutritious diet.

Two of the 13 questions were close-ended questions with pre-populated answer choices related to barriers to buying healthy food with SNAP and strategies for improving the nutrition of SNAP participants. However, the survey also allowed respondents to explain “other” barriers that keep them from buying healthy food and it incorporated one open-ended question that allowed respondents to offer ideas for increasing SNAP participants’ ability to buy healthy food that were not among the pre-populated choices.

Over 77 percent of survey respondents identified as female and 22 percent as male. One respondent preferred not to answer, and one reported their gender identity as non-binary or non-conforming. The ages of respondents ranged from 20 years old to over 60, although more than half are between the ages of 20 and 39. Roughly 70 percent live in households with four people or less.

Thirty percent of respondents to the survey identified as Black or African American, 22 percent identified as Hispanic, Latino, Latina, or Latinx, and 41 percent identified as white, including individuals who identified as mixed race or ethnicity, compared to 25, 31, and 33 percent respectively of the SNAP caseload in Florida as a whole. (See Figure 4.) In addition, while approximately 35 percent of households participating in SNAP statewide had children, almost 70 percent of households responding to the survey reported having children under the age of 18. Although the survey was translated into Creole, the project did not receive any responses from Creole-translated surveys.

It is unclear why some of the characteristics of respondents to the survey did not more closely mirror the characteristics of Florida’s SNAP caseload. For example, the share of households with children who responded to the survey (70 percent) far exceeds the share of households with children who participate in SNAP (35 percent). This may be, in part, because survey respondents included P-EBT recipients who may not be regular SNAP participants. P-EBT is a special pandemic nutrition program that provides...
grocery assistance for children who miss out on free or reduced-price meals at school or child care due to the pandemic. Benefits are distributed to eligible children through the EBT cards of their parents or guardians if the family already receives SNAP.43

In addition, other differences between survey respondents and Florida’s SNAP caseload, such as race and ethnicity, may be explained by the fact that FNS has not released detailed state-level SNAP participation data since the start of the pandemic. It is possible that the influx of new participants to the SNAP program has skewed the demographics of the program since the last detailed FNS report, especially given the enormous need for food assistance during COVID-19. Until a better picture is available of Florida’s current SNAP caseload, it is impossible to say with any certainty how the demographics of people who responded to the survey differ from the demographics of SNAP participants in Florida as a whole.

Survey Results: SNAP Participants Face Barriers in Purchasing Healthy Food

As both a stepping-stone to developing recommendations to improve access to healthy food for SNAP participants and to inform the project of existing barriers facing current SNAP households, respondents were asked what, if anything, keeps them from buying healthy food with SNAP benefits. To assist in their response, the survey instructed respondents to choose from all of the six pre-populated choices that apply to them and gave them the opportunity to provide information about “other” barriers they may face. (See Appendix 1.)
Survey results were overwhelmingly consistent, with at least 50 percent of respondents stating that the price of nutritious food and low benefit amounts prevented them from being able to buy healthy food. A distant third was that healthy food is not promoted and/or unhealthy food is promoted more in stores. Not surprisingly, options that respondents identified as “other” barriers also included cost, access or transportation-related issues, and reliance on food pantries, which often have limited variety of healthy foods from which to choose, even though many of those barriers were listed as prepopulated choices. (See Figure 5 below. Note that the totals do not add to 100 percent because survey respondents could select multiple choices.)

Disparities in poverty and food insecurity rates in Florida make it important to understand differences in barriers to buying healthy food with SNAP between households of different races and ethnicities. However, regardless of race or ethnicity, survey respondents overwhelmingly indicated that the price of healthy food coupled with low SNAP benefit allotments are the top two barriers that hamper their ability to buy healthy food with SNAP. (See Figure 6.) More than half of both Black and Latino/a respondents say that price of healthy food is a barrier to purchasing healthy food while over 40 percent of Black and Latino/a respondents say that low SNAP benefits allotments are a barrier.
Survey Results: Recommendations Related to Purchasing Healthy Food with SNAP Benefits

Respondents to the survey were asked to select their top three choices out of 11 suggestions for ways that SNAP can help Florida families buy more healthy foods. (See Appendix 1.) Overwhelmingly, as shown in Figures 7 and 8, survey respondents indicated a preference for the following three strategies to help families in Florida buy more healthy food with SNAP:

- Allow people to buy healthy hot and prepared foods.
- Increase how much money people can get in SNAP for healthy foods and beverages.
- Increase how much money people can get in SNAP for food and beverages, regardless of the nutritional value.
If the Florida Project is to be successful in furthering policies that promote health, nutrition, and access for all SNAP participants, examining recommendations by race and ethnicity is critical. Although receipt of SNAP has been shown to reduce poverty rates, Black families are roughly twice as likely as white households to live in poverty in Florida. (See Figure 2.) Further, the number of Black households participating in SNAP in Florida has declined precipitously in recent years. In 1992, Black Floridians made up approximately 41 percent of Florida’s caseload and white Floridians made up 40 percent of the caseload. Today, Black Floridians make up 25 percent of the caseload and white Floridians make up 33 percent of the caseload.

The top three recommendations from Black households on how SNAP can help people purchase more nutritious food were similar to the recommendations of all survey respondents:

- Allow people to buy healthy hot and/or prepared foods (61 percent).
- Increase how much money people can get in SNAP for healthy food and beverages (52 percent).
- Increase how much money people can get in SNAP (43 percent).

Although the percentage of Black respondents who suggested that participants should be allowed to buy hot or prepared food is significantly higher than the average for all respondents (61 percent versus 51 percent), differences in the other two of the top three recommendations are smaller.
Similarly, the top three recommendations from Latina/o households on how SNAP can help people purchase more nutritious food were similar to the overall recommendations of respondents:

- Increase how much money people can get in SNAP for healthy food and beverages (51 percent)
- Allow people to buy healthy hot and/or prepared food (47 percent)
- Increase how much money people can get in SNAP (43 percent)

Given the consistency of responses by race and ethnicity to the question of how SNAP can help Florida families buy more healthy food, it is not surprising that the top three choices by specific region follow a similar course. (See Figure 9.) The only outlier is the north region, where respondents selected “Increase how much money people can get in SNAP, but only for healthy foods and beverages” as their first choice and “Allow people to buy healthy hot and/or prepared foods” as their second. Two options tied for third place among respondents from the north: “Increase how much money people can get in SNAP” and “Increase SNAP Nutrition Education about healthy eating and healthy meal preparation.”
When allowed to offer their own ideas for helping households buy healthy food, respondents suggested a variety of options, many of which are aligned with pre-populated options set out in the survey:

- Either expand the foods that retailers offer to include more healthy choices or increase the number and types of retailers who accept SNAP.
  - Examples provided by respondents include vending machines for healthy food selections and meal kit boxes.
- Provide creative nutritional education.
  - Examples provided by respondents include YouTube videos featuring healthy meal preparation.
- Increase SNAP allotments.
  - Examples provided by respondents include making SNAP allotments variable based on rising food prices.
- Incentivize the purchase of healthy foods.
  - Examples provided by respondents include discounting healthy foods, providing more money for fruits and vegetables, giving out samples of healthy foods, and offering special deals for healthy food in stores.
• Raise SNAP income limits.
• Allow the purchase of hot or prepared foods with SNAP.
  o Examples provided by respondents include permitting the use of SNAP for prepared salad bars in grocery stores.

Respondents showed little enthusiasm for strategies that either limit or forbid them from using SNAP to buy unhealthy foods and beverages — like sugary drinks — or do not directly impact their ability to buy more nutritious food with SNAP. (See Figure 10.) Less than one-third of respondents picked the following strategies as one of their top three choices for to increase the ability of SNAP participants to purchase healthy food:

• Expand SNAP to more stores (27 percent)
• Create neighborhood gardens where people can use SNAP benefits to buy seeds and grow their own food (23 percent)
• Increase SNAP Nutrition Education about healthy eating and healthy meal preparation (19 percent)
• Limit or forbid using SNAP to buy unhealthy foods and beverages, like sugary drinks (17 percent)
• Offer transportation help to full-service grocery stores or farmer's markets (15 percent)
• Make healthy foods more visible in stores and make unhealthy foods less visible (10 percent)
• Increase the number of healthy food items that a store sell (9 percent)
• I would not support any of the above ideas (0.6 percent)

Lack of support for these seven proposals cuts across racial and ethnic lines, with roughly one-third or less of Black, Latina/o, and white respondents selecting those proposals as viable strategies to improve the nutrition of SNAP participants. Notably, only 10 percent of Black respondents, 23 percent of Latina/o respondents, and 21 percent of white respondents selected “limit or forbid using SNAP to buy unhealthy foods and beverages, like sugary drinks” as one of their recommendations.

Similarly, respondents from the Central, South, and West Coast regions also voiced little support for these same seven strategies. The only exception was in North Florida, where “Increase SNAP Nutrition Education about healthy eating and healthy meal preparation” tied for third place in overall recommendations for helping families buy more healthy food with SNAP.

When allowed to offer ideas of their own, few respondents suggested directing disincentives to purchasing unhealthy food with SNAP, although two said that Florida should “[l]imit the things they can purchase on SNAP like WIC does” and “[l]imit…the amount of unhealthy foods and drinks …[to] help me and my family select healthier choices.” However, another respondent noted that such a restriction may have the unintended consequence of making it harder to stretch SNAP assistance.
Survey Results: SNAP Participation Remains Low Among Those Who Are Eligible

Struggling to keep healthy food on the table is a challenge for SNAP participants in Florida. Yet many people who are eligible for SNAP do not participate in the program at all. About 14 percent of eligible Floridians are not participating in SNAP, including one in four of the working poor and almost half of eligible seniors.\(^48\)

Although all survey respondents were current or former recipients of SNAP, they demonstrated a wide range of experiences with participation in the program. While six out of 10 respondents had participated in SNAP at some point prior to the start of the pandemic, one-third reported that they had never participated in SNAP prior to COVID-19 or had only started to participate again during the public health emergency. (See Figure 11.)

Almost half of respondents reported that they or members of their household have been denied SNAP benefits, temporarily lost benefits, or been unable to apply for or renew SNAP in the past.
Almost 40 percent of respondents attributed their problems with SNAP to issues related to income, such as their family being “just a few dollars above income requirements,” “I was told I make too much money,” or that DCF “took into consideration my income at the time before I stopped working.” Other top reasons included being a college student, child support enforcement, drug trafficking convictions, being in the military, and facing miscellaneous logistical impediments, such as problems submitting information about income, too short a time limit for submitting verification during the pandemic, too long a delay in DCF informing the applicant that they had not submitted necessary documents, and being put on hold for long periods of time when calling DCF. (See Figure 12.)
Survey Results: Many Participants Lack Knowledge About Maximizing Their SNAP Benefits

Floridians who participate in SNAP can maximize their benefits in many ways, such as purchasing food over the internet through Walmart, Amazon, Aldi, BJ’s Wholesale Club, and Publix; buying fruit or vegetable seeds or plants to grow their own food; getting SNAP nutrition education; obtaining a free fishing license; admission into many local museums and zoos for free or at a discount; and qualifying for an equal amount in free fruits and vegetables when they use their SNAP benefits at participating vendors though Fresh ACCESS Bucks.

However, many respondents are unaware of ways they can maximize their SNAP. While more than half of respondents knew that they can use their SNAP online, only one in three knew that they can buy seeds or plants to grow their own food, two in 10 knew that they may be able to get free or reduced price tickets to local events or venues, roughly one in 10 knew about the possibility of SNAP nutrition education, and less than 10 percent realized that they can get a free fishing license or double their money for fruits and vegetables through Fresh Access Bucks. One-quarter of respondents had never heard about any of the ways identified in the survey to maximize SNAP benefits. (See Figure 13.)
Survey Results: Participants Recommend that Florida Advertise SNAP More Widely and Align Program Eligibility to Increase Participation

The survey asked respondents to identify measures that they support to increase SNAP participation among eligible people in their communities from a list of six possible strategies (including “other,” see Appendix 1). Their top three suggestions were to give out information about SNAP at community events; give out information about SNAP on store receipts and/or utility and cell phone bills; and, to make the rules for SNAP, Medicaid, and TANF the same, including the rules about renewing benefits. These recommendations suggest the need for Florida to advertise SNAP more widely and to align eligibility rules among DCF-administered safety net programs, which would help prevent eligible families from losing food assistance at renewal. (See Figure 14.)
Regional/Statewide Focus Groups and Meetings

The Florida Project virtually convened one *statewide* focus group and four *regional* focus groups of SNAP participants to discuss various issues related to improving healthy eating for SNAP participants. (See Appendices 2 and 3.). The regional focus groups primarily asked questions about SNAP benefit adequacy and healthy food access. For the statewide focus group, participants were presented with questions about specific expert-recommended policies. (See Appendix 3.) In addition, the project organized a sixth virtual meeting composed of both SNAP participants and project partners to discuss tentative findings from the survey and obtain additional feedback. (See Appendix 4.)

Thirty-two people participated in the focus groups. Areas of the state represented by the regional focus groups were:

- **South Florida** (Broward, Miami-Dade, Monroe, and Palm Beach counties)
- **West Coast** (Hernando, Highland, Hillsborough, Manatee, Pasco, Pinellas, and Sarasota counties)
- **North Florida** (Alachua, Citrus, Clay, Duval, Escambia, Gadsden, Leon, Marion, and Putnam counties)
- **Central Florida** (Lake, Orange, Polk, Seminole, and Volusia counties)
Participants for focus groups were recruited from survey respondents based on their location in the state. Each of the four regional focus groups were asked identical open-ended questions geared toward encouraging discussion of strategies to improve healthy eating for SNAP participants. (See Appendix 2.) To ensure uniformity, the same facilitator led discussions for each of these four convenings and took notes. The sessions were also recorded.

For the fifth focus group, which was composed of SNAP participants from across the state, different facilitators were used. The purpose of this group was to obtain additional feedback specifically about incentives and disincentives. The facilitator took notes and recorded the session. This group was asked different questions than the regional focus groups. (See Appendix 3.)

Finally, in November 2021, the project held a virtual statewide meeting of both survey respondents and partners from community-based organizations to discuss preliminary findings and make additional recommendations. (See Appendices 4 and 5.) This meeting was not recorded and was more loosely moderated. Approximately 16 partners and SNAP participants took part in this meeting, and no demographic information was collected.

Neither focus group members nor people who attended the statewide convening were required to express their approval or disapproval for any of the suggested strategies that were discussed, such as ways to make it easier for participants to purchase healthy food with their SNAP assistance. However, at the November 2021 meeting, attendees were asked to vote in two polls about preferred strategies for improving nutrition in SNAP. (See Appendix 4.) For purposes of this report, input from the 32 focus group members as well as participants who joined the November 2021 meeting was considered for the sole purpose of illuminating the responses and suggestions gathered from the 341 survey respondents.

Focus Group Results Bolstered the Survey Findings

The struggle to put food on the table described by focus group members and participants at the November 2021 meeting of partners and participants is a testament to the tenacity of Floridians trying to provide healthy meals for their families. While participants showed an understanding of nutrition and expressed a desire to serve healthy meals, many reported that they are hindered in that effort by inadequate benefits, the lack of fresh produce in their neighborhoods, and family members who have food allergies or are picky eaters. When faced with a child who will not eat healthy food, one member of a focus group said that they must make hard choices between putting food on the table that a child will eat or serving food that is nutritious but may end up in the garbage can.

The focus groups provided important insight into the shopping habits of SNAP participants. Overwhelmingly, participants reported shopping at major grocery chains and variety stores, such as Publix, Walmart, Dollar General, Piggly Wiggly, Aldi’s, and Sam’s Club. However, when asked where else they would prefer to shop, if possible, many mentioned wishing that they could shop at retailers that are known for fresh produce at an affordable price, such as farm stands and farmers markets. In
addition, some participants said that they would like to use SNAP at all farmers markets and at flea markets, instead of a select few.

**Reasons for Inability to Buy Healthy Food with SNAP**

Focus group participants specifically discussed the following barriers to eating healthy with SNAP assistance:

- **Transportation** - Many focus group participants reported that lack of transportation is an impediment to shopping for healthy food. One said that health problems make it hard for them to grocery shop because they cannot walk to nearby stores. Another remarked, “Stores are so far away, and most recipients have no transportation.”

- **Inadequate benefits** - A common challenge among participants is that SNAP benefits are too low. Many described benefits that “last only half of the month,” that they have to use money earmarked for other household expenses to buy food, and that their household is forced to rely on cheaper meals with less nutritional value. One said that she has been forced to “use her bill money to feed her children.” A second participant explained that, when benefits run out, the family must “go to food pantries, eat unhealthily...[and] make it work” and another said that they have to decide whether to supplement SNAP with other funds “or go without and miss meals.” While one participant reported trying to spread food throughout the month, they said that it is “rough” when benefits run out. Absent enough assistance to put healthy food on table all month, some participants reported that they must buy less nutritious, shelf-stable food just to ensure that family members are fed.

- **Hot/prepared food** - Some participants expressed frustration over not being able to purchase prepared or hot food with SNAP benefits, which would help families with limited cooking facilities to eat a more nutritious diet.

- **Cost and quality of produce** - Participants noted that high quality produce in their area is unaffordable and spoils quickly. This affects their ability to plan and serve healthy meals-- and necessitates repeat trips to the store, which may be challenging for persons without transportation or whose neighborhoods lack local grocers or fresh produce. In addition, although some participants were aware of Fresh Bucks Access, many live in neighborhoods without any participating farmers market or farm stands.

- **Modernization** - A complaint voiced in half of the focus groups was related to modernization of the administration of SNAP, which relies almost exclusively on technology to deliver benefits.
Comments included that, “SNAP employees don’t answer their phone or get back with you” and “don’t return calls and aren’t really helpful when recipients are trying to receive benefits.”

- **Income guidelines** - Members of all five focus groups described unrealistic income-eligibility guidelines in the SNAP program that cause households to be ineligible or their benefits to be reduced or terminated even though their families remain food-insecure. For example, participants expressed frustration over losing benefits when they get a modest raise at work despite continuing to struggle to put food on the table. One noted that adding another household member to their SNAP grant can be “frighten[ing] because of the income requirements.” Another participant said that her SNAP was terminated after the father of her children paid a “once a year payment for child support.” This left her “devasted” and forced her to “figure out what bill would not be paid that month.” Others described feeling “upset” over being told that their household made too much money but that they “push through” for themselves and their children.

- **Meals for children and persons with food allergies** - Focus group participants reported that children pose unique problems to planning healthy meals. They described the challenges of feeding picky eaters who do not appreciate the importance of nutrition as well as family members with food allergies whose diet is restricted. Frequently, participants described their predicament in feeding children who refuse to eat healthy food. As a result, parents must tailor meals to what their children will eat, even if it means that the food is not as nutritious as they would like.

**Focus Group Recommendations**

SNAP recipients in focus groups offered several solutions to the problems they experience trying to purchase healthy food with SNAP. Solutions that were frequently suggested included:

- Increasing income eligibility so that food-insecure people with moderate income can continue to receive SNAP;
- Making neighborhood grocery stores and farmers markets more accessible;
- Expanding Fresh Bucks Access to more neighborhoods;
- Creating more exciting and innovative nutrition education, such as cooking courses and nutrition classes in schools;
- Increasing SNAP benefit amounts and disbursing them throughout the month, especially for people with food allergies and restrictive diets;
- Lowering the price of produce;
- Incentivizing the purchase of fresh produce by giving discounts or reward points;
- Allowing the purchase of hot prepared foods with SNAP benefits;
- Ensuring that SNAP administering agencies are more customer-oriented; and,
- Addressing the SNAP benefit “cliff effect.”
SNAP participants were also asked about strategies that would disincentivize the purchase of unhealthy items, such as sugar sweetened beverages (SSBs). Disincentives, such as not allowing unhealthy items to be bought with SNAP benefits, were viewed with caution among participants. Some expressed concern over unhealthy eating habits, yet worried about the impact of disincentives on the ability of participants to make their SNAP benefits last as long as possible and prepare meals that their children will eat. In addition, participants noted that they are sometimes forced to turn to less nutritious food because it is affordable and keeps their families fed for more days during the month.

Most participants of focus groups did not voice support for disallowing the purchase of unhealthy items with SNAP. They also were asked if they would be in favor of not purchasing SSBs with SNAP in exchange for more funds for fresh fruits and vegetables, and most participants did not express support. Participants were particularly opposed to the specific idea of taxing sugary beverages for everyone in order to provide additional funding for programs like Fresh Access Bucks and suggested instead that nutrition education would be more effective at encouraging healthy eating. Even so, participants were adamant that SNAP households would be more likely to buy healthy food if it was affordable.

Although participants were in agreement with the goal of providing more money for fruits and vegetables, they did not, as a whole, support reduced benefits for sugar sweetened beverages, even when paired with an incentive for extra benefits.

Recommendations from the November 2021 Meeting of Partners and Participants Align with Recommendations of Focus Groups

Attendees at the November meeting (Appendix 5) expressed the same views about strategies for improving nutrition in the SNAP program that were expressed by focus group participants. When polled about their favorite of four possible strategies to improve nutrition security in SNAP (Appendix 4), every attendee selected either “SNAP incentives (such as Fresh Access Bucks) [that] give SNAP participant more purchasing power for fruits and vegetables” or “Healthy retail strategies where healthy food is highlighted in stores and online and less nutritious food is not featured heavily.” (See Figure 15.)

No attendee selected disincentives or a tax on sugary beverages as their favorite strategy. One participant noted that, without the ability to bribe her children to eat their fruits and vegetables with the promise of a sugary treat, she feared that they would refuse healthy food altogether. As another participant said, “It is up to you to make the choice” of what food to buy for your family.
Support for incentives and retail strategies is also evident from the ranking that attendees gave to these four possible strategies for strengthening nutrition and health in the SNAP program. The results from their ranked-choice voting showed strong support for incentives and retail strategies rather than taxing sugary beverages or imposing disincentives, even when combined with incentives. (See Figure 16.)
Next Steps: Policies and Pilot Projects to Improve SNAP in Florida

Project partners will promote targeted policies and pilot projects to lawmakers and DCF to test the top three strategies recommended by SNAP participants through the Florida Project. These strategies, which have broad support among stakeholders with lived expertise, include:

- **Allowing people to buy healthy hot and/or prepared foods.** Because federal law prohibits the purchase of hot and prepared food with SNAP, this pilot would require a waiver from FNS. Waivers from FNS are possible when approval would result in a more effective and efficient administration of the program.\(^{57}\)

- **Increasing SNAP allotments for the purchase of healthy food.** SNAP allotments are set by USDA based on the cost of the Thrifty Food Plan. Implementation of this pilot would require either that FNS change its SNAP allotment structure for Florida to boost benefits for healthy food items or that a private donor or the Florida Legislature appropriate a state supplement to SNAP for healthy food. Based on recommendations and concerns from households participating in the project, it is important that the design of this pilot minimize interfering with food choice. Further, the pilot must be designed to reduce the cliff effect when the pilot ends and participants lose increased allotments for healthy food.

- **Increasing how much money in SNAP that is provided regardless of food choice.** As noted above, because SNAP allotments are set by USDA based on the cost of the Thrifty Food Plan, implementation of this pilot would require either that FNS change its SNAP allotment structure
for Florida to boost benefits or that a private donor or the Florida Legislature appropriate a state supplement. Design of this pilot should also include policies to minimize the cliff effect when the pilot ends and participants lose increased allotments.

Finally, results from the project will also be useful in ways that are not related to testing strategies through pilot projects, such as for informing discussions around initiatives that may be suggested by policymakers, who should consider the voices of SNAP participants when making changes to the program.

3“People with lived expertise” means persons who are current or past SNAP recipients.
14 Section 414.31, Fla. Stat. 2021
15 Bates.


26 This information is based on an analysis of existing DCF offices by Florida Policy Institute in December 2021. See Florida Department of Children and Families, ESS Storefronts and Lobbies, https://www.myflfamilies.com/service-programs/access/map.shtml.

References:


34 Feeding Florida, “How to Double Your SNAP/EBT for Florida-grown produce with Fresh Access Bucks,” https://www.feedingflorida.org/food-access/fresh-access-bucks/how-fab-works; Facebook, Fresh Access Bucks, https://www.facebook.com/FreshAccessBucks/photos/a.1074847805881008/4295215063844250/?__cft__[0]=AZXf8z8H5Kwd4IhulUD6m_o03APXZPQMvxf_JEN0xUML42hgyDr7v4qBAxPLRGBOSKi1hAvQvdElxyOmg3J_0utVEQ2hwIpBiEj6iJNbtg0qEc0UNJRMSVbAi9IOwjuURQCcajkUJfosBqKaMmLl9X&__tn__=EH.

35 Examples of bills introduced in Florida to change the SNAP program include but are not limited to House Bill 847, introduced in 2018 to urge Congress to prohibit the use of SNAP to buy soft drinks (https://www.flsenate.gov/Session/Bill/2018/847) and House Bill 581, introduced in 2017 to reinstate SNAP asset limits (https://www.flsenate.gov/Session/Bill/2017/581).


38 Regions associated with respondents to the survey were: North Florida, including Alachua, Citrus, Clay, Duval, Escambia, Gadsden, Leon, Marion, and Putnam counties; Central Florida, including Lake, Orange, Polk, Seminole, and Volusia counties; West Coast, including Hernando, Highlands, Hillsborough, Manatee, Pasco, Pinellas, and Sarasota counties; and South Florida, including Broward, Miami-Dade, Monroe, and Palm Beach counties.

39 Approximately two respondents said that they are not currently SNAP participants. However, their responses were considered and included in this report because they indicated that they had received SNAP in the past.

40 This report uses the word “Black” to describe respondents who identified their race as “Black or African American” and “Latino” to describe respondents who identified their ethnicity as “Hispanic, Latino, Latina, or Latinx.”

41 The race and ethnicity of Florida’s SNAP caseload is reported by USDA based on the household head.
The total number of respondents broken down by race and ethnicity exceeds the total number of respondents to the survey. This is because some respondents identify as more than one race or ethnicity.


Florida House of Representatives, Committee on Aging and Human Services, Final Bill Analysis, CS/HB 587, April 14, 1993. It is unclear to what extent the declining rate of current SNAP households who identify as Black is due to how participants self-identify, especially participants who identify as multiracial or multiethnic.

Latino and white respondents ranked “Expanding SNAP to more stores” slightly higher, with 34 percent of Latino respondents and 36 percent of white respondents selecting that option as a viable strategy.


Persons are ineligible for SNAP if they are enrolled in an institution of higher learning at least half-time unless they meet an exception.

In Florida, households with minor children must cooperate with child support enforcement as a condition of eligibility.

Persons convicted of drug trafficking are permanently ineligible for SNAP in Florida.

Being a member of the military can be an impediment to receipt of SNAP due to several reasons, such as misunderstanding eligibility, the fact that the basic allowance for housing is counted as income, and the culture of self-sufficiency that may make some members of the armed forces hesitant to pursue assistance.

The TANF program provides monthly cash assistance to meet the basic needs of children in families with very low income.

Quotations from focus group participants are taken directly from either the recording or notes of the convening.

The particulars of taxing sugar-sweetened beverages as a revenue stream for making fresh fruits and vegetables affordable for SNAP participants were not discussed. However, this strategy would likely be accomplished through an excise tax applied to manufacturers and distributors, which is passed along to consumers.

Focus group participants were not required to express their approval or disapproval for any of the suggested strategies that were discussed.

Appendix 1: Community SNAP Engagement Survey

* Required
1. What is your age? *

2. What is your gender identity? *
   Female
   Male
   Transgender
   Non-binary/non-conforming
   Prefer not to answer
   Other

3. Which racial and ethnic group(s) do you identify with? Check all that apply. *
   American Indian or Alaska Native
   Asian or Asian American
   Black or African American
   Hispanic, Latino, Latina, or Latinx
   Middle Eastern or North African
   Native Hawaiian or Other Pacific Islander
   White or Caucasian
   Prefer not to answer
   Other

4. Including yourself, how many people live in your household? (Household is defined as people who live together and who buy, prepare, and/or eat food together.) *

5. How many of those people in your household are under 18 years old? *

6. What is your 5-digit zip code? *

7. Which of the following apply to your household? Check all that apply. *
   Used SNAP at some point prior to the COVID-19 pandemic that began in March 2020
   Started using SNAP again or for the first time because of challenges caused by the pandemic
   Lost some or all SNAP benefits before the pandemic began and did not receive them back
Temporarily lost benefits at some point during the pandemic (between March 2020 & today)
None of the above

8. What, if anything, keeps you from buying healthy food—such as fresh vegetables, lean meats, poultry, whole grains and fresh fruit—with SNAP benefits? Check all that apply. *

- Benefit amount—the benefit amounts are too low (note: you may be getting a temporary increase due to the pandemic; before making this choice, you should think about the amount you got from SNAP before the pandemic)
- Location—healthy food options are not available in my area
- Price—Price of healthy foods is more than I can afford with SNAP
- Promotion—healthy foods are not promoted and/or unhealthy foods are more promoted in advertising, store displays, sales/discounts, or other factors
- Time—the time it takes to shop for and/or prepare healthy meals
- Nothing affects my ability to buy healthy food
- Other:

9. SNAP does more than help you buy food at the grocery store. Check all that you have used or heard about before today. *

- Buying a fishing license using SNAP
- Buying fruit and vegetable seeds and plants with SNAP
- Buying groceries online with EBT card at Aldi, Amazon, BJ’s Wholesale Club, Publix, and Walmart
- Free or discount to get into some museums and zoos with EBT card
- Fresh Access Bucks
- SNAP Nutrition Education through UF/IFAS or local Department of Health
- None of the above

10. How can SNAP help Florida families buy more healthy foods? Select your 3 favorite options below. *

- Allow people to buy healthy hot and/or prepared foods
- Increase how much money people can get in SNAP
- Increase how much money people can get in SNAP, but only for healthy foods & beverages (example: receive extra money that can only be used to buy fruits/vegetables)
- Limit or forbid using SNAP to buy unhealthy foods & beverages, like sugary drinks
- Create neighborhood gardens where people can use SNAP benefits to buy seeds and grow their own food
- Increase SNAP Nutrition Education about healthy eating and healthy meal preparation
- Offer transportation help to full-service grocery stores or farmer’s markets
- Expand SNAP to more stores (example: help local produce stands pay for the EBT machine and other technology needed to accept SNAP as a form of payment)
- Increase the number of healthy food items that a store sells
- Make healthy foods more visible in stores and make unhealthy foods less visible
- I would not support any of the above ideas

11. Are there any ideas that we missed in the previous question? Please tell us your other ideas about how SNAP can help your family or people in your community buy more healthy foods. *
12. How can SNAP make sure all eligible people in your family and community sign up for SNAP? Please check all that you support. *
   - Give out information about SNAP on store receipts and/or utility and cell phone bills
   - Give out information about SNAP at community events and places like drug stores, pharmacies, government offices, places of worship, schools and colleges, employee break rooms, and over TV/streaming, radio/podcasts, and social media, etc.
   - Make the rules for SNAP, Medicaid, and TANF the same, including the rules about renewing benefits
   - Make grocery stores put flyers about SNAP in mailings and weekly circulars
   - Sponsor SNAP or health fairs to prescreen households for eligibility
   - Other

13. Have you or someone in your household ever been denied SNAP benefits, temporarily lost benefits, or been unable to apply for or renew SNAP for any reason? *
   - Yes
   - No

Appendix 2

Questions Presented to Regional Focus Groups

- Tell us about the food places that are convenient to where you live – grocery stores, corner stores, fast food, etc.
- Now, tell us about the food places you wish were near where you live – what types of foods and food places do you wish were more convenient in your neighborhood?
- How easy is it to buy fresh produce near where you live?
  - How often do you buy fresh produce with your SNAP/food assistance?
  - Is there anything stopping you from buying as much fresh produce as you would like to buy?
- If you had the power to make any changes to how food assistance works in Florida, what changes would you make?
  - What could DCF do to make getting and keeping food assistance better?
  - What could grocery stores do to make using EBT/SNAP easier?
- Does your SNAP/food assistance ever run out before the month is over?
  - Thinking back to the last time this happened, when in the month did the money run out?
- Have you ever been denied SNAP/food assistance when you applied or had your SNAP benefits terminated?
  - How did you feel about that decision?
- What does “eating healthy” mean to you?
  - Do you consider yourself a healthy eater?
o Why or why not?
  o Is there anything the SNAP program can do to make it easier to eat healthy?

• Some lawmakers think that offering nutrition education might make it easier to eat healthier. What do you all think about that? Do you all want or need nutrition education?

Appendix 3

Questions Presented to Statewide Focus Group

• Do you purchase fresh food and beverages for your household? If so, how often?

• What are some of the barriers your family faces with buying healthy food?

• Lawmakers are considering policies that make fruits and vegetables more affordable for folks shopping with SNAP/EBT. What ideas do you have on how this can be accomplished?

• Do you think increasing SNAP for just fruits and vegetables will help make fresh produce more affordable for you and your family? Why or why not?

• Have you heard of the Fresh Access Bucks or Double Bucks program?

• Do you think purchasing produce would be more affordable if policymakers expanded Fresh Access Bucks to more stores and farmers markers?

• Do you think lawmakers should tax sugary beverages for everyone in order to provide additional funding for programs like Fresh Access Bucks?

• If lawmakers made sugary drinks like soda more expensive for folks shopping with SNAP/EBT, would this encourage you to buy more produce? Why or why not?

• Would removing sugary drinks from the list of things you can buy with snap encourage you to buy healthier food?

• What do you think of the idea of reducing the amount of SNAP available for sugary drinks in exchange for an increase in the amount available for fresh fruits and vegetables?

Appendix 4

Strategies Presented for Polling of Attendees at Statewide Convening

• SNAP incentives (such as Fresh Access Bucks) give SNAP participant more purchasing power for fruits and vegetables- program may have capacity to be expanded
• SNAP incentives combined with a disincentive for unhealthy choices (such as sugary beverages which have no nutritional value)

• An excise tax on sugary beverages (tax is levied against manufacturers—this is not a sales tax) with revenue earmarked for SNAP incentives

• Healthy retail strategies where healthy foods are highlighted in stores and online and less nutritious foods are not featured heavily

Appendix 5

Agenda: Florida SNAP Community Engagement Convening

Nov. 18, 2021
11:00 a.m

• Welcome & Introductions

• CSPI Introductions

• Project Summary

• Project Background/Components/Timeline

• Purpose of the Convening

• What’s Going on in Florida?
  ◦ HB 6079/SB 262- Bill that is being introduced that will uplift the outdated state ban on SNAP & TANF for people with past drug trafficking convictions

• SNAP Community Engagement Project Key Themes

• Break out in Two Small Group sessions (Discussion on Top Questions)

• Report out from Group sessions

• Recommendations

• Closing Comments