The Impact of Informational Mailings on SNAP Enrollment in the United States

Researchers:

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Sector(s): Health, Social Protection

Location: Pennsylvania, United States of America

Sample: 31,888 Pennsylvania households with an individual aged 60 or older who was enrolled in Medicaid but not enrolled in SNAP in 2015

Target group: Adults

Outcome of interest: Enrollment and attendance Food security and nutrition

Intervention type: Information Nudges and reminders

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Research Papers: Take-Up and Targeting: Experimental Evidence from SNAP

Partner organization(s): Benefits Data Trust

In the United States, enrollment in social safety programs is not automatic, and many social safety programs experience low take-up; many individuals who are eligible for certain programs fail to become enrolled. Researchers studied the impact of providing outreach and assistance to households that are likely eligible for the Supplemental Nutrition Assistance Program (SNAP), previously known as food stamps, on enrollment in the program. Researchers found that informational mailings nearly doubled SNAP enrollment while informational mailings plus application assistance tripled SNAP enrollment, suggesting that both the lack of information and the effort required to apply pose barriers to SNAP take-up.

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The Supplemental Nutrition Assistance Program (SNAP)–previously known as food stamps–provides a benefit that can be spent on food to eligible, low-income households in the United States. In 2013, nearly one in seven households received SNAP.[1] Enrollment in SNAP is not automatic: individuals must apply and demonstrate their eligibility in order to receive benefits.

There are a number of potential reasons why individuals who are eligible for SNAP or other social safety programs might not enroll. Individuals may not know that they are eligible to receive benefits. They may also be deterred by the time and effort required to apply for benefits, such as filling out application forms and providing documentation of their eligibility. Can informational mailings about SNAP eligibility and individualized application assistance increase SNAP enrollment? And which types of eligible individuals respond to these interventions?

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Many social programs in the United States feature incomplete take-up; for example, Currie (2006) documents take-up rates ranging from a low of 10 to 20 percent for the State Children's Health Insurance Program in the late 1990s and 60 to 90 percent for cash welfare (TANF).[2], There is also substantial variation in take-up rates across eligible populations, and take-up of SNAP benefits is disproportionately low among the elderly: in 2013, only 41 percent of those eligible enrolled in SNAP.[3] Benefits Data Trust (BDT) is a national not-for-profit organization based in Philadelphia that designs innovative solutions to generate better economic, health and social outcomes for individuals and their larger communities. BDT's direct service programs provide targeted outreach and person-centered application assistance to individuals who are likely eligible for benefits and services, including elderly households likely eligible for SNAP. Elderly households in Pennsylvania could qualify for SNAP in one of three ways:

- households may have gross income below 200 percent of the Federal Poverty Level;
- have gross income over 200 percent of the Federal Poverty Level but have net income below 100 percent of the Federal Poverty Level and resources below $3,250; or
- can be categorically eligible if all members of the household receive or are authorized to receive a qualifying benefit such as Temporary Assistance for Needy Families.



A grocery store advertises SNAP (the Supplemental Nutrition Assistance Program). Photo: Jonathan Weiss | Shutterstock.com

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Researchers conducted a randomized evaluation to measure the impact of various interventions on take-up of SNAP. Using application and enrollment data for other public benefits, BDT identified households who were likely to meet the income requirements for SNAP. Researchers randomly assigned 31,188 likely eligible households to one of three groups:

- *Information Only*: One-third received a letter that informed them that they were potentially eligible for SNAP and provided them with contact information for the Pennsylvania Department of Human Services, the state agency that processes SNAP applications. This intervention group included four (randomly assigned) sub-interventions which altered the exact design of the letter, the wording of the letter, and whether or not a follow-up postcard was sent to households that did not call within eight weeks.
- *Information Plus Assistance*: One-third were mailed a similar letter, which informed them of their potential eligibility and provided contact information for BDT's in-house call center. For those who called with an interest in applying for benefits, BDT helped screen the household for potential SNAP eligibility and level of benefits. If the caller wanted, BDT also helped them assemble the necessary documentation, submitted the application electronically on their behalf, and assisted with any follow-up questions from the state. Households that did not call within eight weeks received a postcard containing the same information as the letter. This group includes two (randomly assigned) sub-interventions with variations in the design and wording of the letter.
- *Comparison group*: One-third received no outreach or intervention from BDT.

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Researchers measured the impact of the *Information Only* and *Information Plus Assistance* interventions on the number of households that applied to and the number that ultimately enrolled in SNAP within nine months. The *Information Only* intervention increased enrollment by 5 percentage points from a baseline of 6 percent in the comparison group (an 83 percent increase). The *Information Plus Assistance* intervention increased enrollment by 12 percentage points (a 200 percent increase relative to the comparison group). These results suggest that both the lack of information and the time and effort required to complete and submit an application pose barriers to enrollment. Among the sub-intervention, the follow-up postcards had a significant impact whereas changing the exact design and wording of the letter did not. Sending a reminder postcard in the *Information Only* group increased SNAP enrollment by an additional 20 percent relative to those who were only sent the first letter. Both the *Information Only* and the *Information Plus Assistance* interventions increased applications proportionally to the increase in enrollment; success rates were similar (about 75 percent) across both intervention arms and the comparison arm.

Researchers also studied the characteristics of the individuals who enrolled in SNAP as a result of the interventions. These enrollee characteristics were similar in both intervention arms, but differed from those who enrolled in the status quo comparison group. Individuals who enrolled because of the intervention were—relative to eligible individuals who enrolled in the comparison arm—older, more likely to be white, and more likely to speak English as their primary language. On average, the entire studied population had a lower income than the general population and was more likely to have chronic diseases. Individuals who enrolled because of the interventions had fewer measured chronic diseases prior to the intervention, and they also received lower monthly benefits than enrollees in the comparison group. Since the monthly benefits are lower for individuals with more resources by design of the progressive SNAP benefits formula, this suggests that enrollees in the intervention groups had higher net resources prior to the intervention than individuals who enrolled under the status quo. Nonetheless, the $1,300 per year in SNAP benefits received (on average) by those newly enrolled outweighed the estimated cost of the intervention ($20-$60 per household enrolled) and the processing costs to the state (approximately $240 per application).[4]

Researchers developed a behavioral model allowing for misperceptions of the safety net program, and calibrated the model with the experimental results. The calibration results suggest that both interventions are a cost-effective way to redistribute to low-income households relative to other safety net programs.

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