

Increasing SNAP Enrollment

Kaiser Permanente Colorado
Decreasing Food Insecurity

One in ten Coloradans suffer from food insecurity, defined as lack of consistent access to enough food for an active, healthy life

Evaluation findings for
Children's Hospital Colorado



While food assistance programs are available, only half of eligible Coloradans are enrolled in the Supplemental Nutrition Assistance Program (SNAP). In 2016, Kaiser Permanente supported 10 nonprofit organizations to increase enrollment in SNAP over 2 years. The following report summarizes key evaluation findings from this initiative.

"Through the process of tracking [food insecurity], we've learned a lot about our clients and what they're struggling with and how to navigate systems." – SNAP grantee

Grantee supported families in the whole process from screening to enrollment

Attrition from screening to enrollment is a trend for social issues. Multiple barriers exist that prevent moving to the next step.

Steps from screening to enrollment	4,687 screened for food insecurity	>	1,161 were food insecure	>	156 received application assistance	>	54 applied for SNAP	>	50 enrolled in SNAP (based on families with verified enrollment; number underestimates actual enrollment)
Barriers to families who did not complete steps in the enrollment process	Felt uncomfortable sharing they didn't have enough food		Couldn't stay for a long appointment Perceived accepting public assistance as a sign of weakness		Encountered under-resourced government agencies Have work visas and fear the government will deny their legal status for accepting public assistance		Couldn't meet requirements such as Employment First classes or in-person interviews due to lack of childcare or transportation Missed answering a question on the long SNAP application		

Grantees improved their ability to support families who were food insecure

Grantees increased their capacity to address food insecurity by:

- Adding food access goals to organization's goals
- Increasing staff knowledge/skills about food access
- Strengthening engagement in the larger food insecurity/hunger community field
- Increasing leadership in food/hunger issues
- Improving data systems and infrastructure to support valid screening for food insecurity

Grantees improved their practices to identify families who were food insecure by:

- Using other resources such as family navigators
- Dedicating extra staff time for providing assistance
- Meeting with families outside of the office (at home, etc.)
- Building trust by meeting one-on-one with families

To address barriers to food access, grantees established partnerships with:

- Care and Share Food Bank for Southern Colorado
- County Offices
- Colorado Department of Human Services
- Hunger Free Colorado
- Program Eligibility and Application Kit (PEAK) Outreach Team
- Women, Infant & Children Clinics

Grantees offered supplementary programs to support families:

- Cooking Matters classes
- One-on-one and group nutrition education
- Workshops on how to best combine SNAP with other benefits/resources (such as Double Up Food Bucks Program)

Grantees identified and reduced many barriers to SNAP enrollment

STIGMA

Grantees reduced stigma around receiving SNAP/government assistance.

“I was able to go with a client to help her apply for SNAP ... and walk through the whole process with her; it is more than one-on-one help, we helped lessen the stigma, that was the critical part.”

AWARENESS

Grantees ensured families and the larger community were aware of SNAP and its purpose.

“By me being able to go and do outreach, the awareness in the community has been impacted, and it’s amazing the reaction of people: ‘I didn’t know that this was going on. I didn’t know people were hungry up here.’”

SCREENING

Grantees worked to screen all individuals regardless of income level at every visit.

“I’d been seeing their kids for several years and they both screened positive and I just thought to myself, ‘All these times that I’ve seen these families and this never came up.’”

INTEGRATE

Grantees integrated application assistance into current workflows.

“We asked ourselves, ‘How hard would it be to add a couple more things to our intake?’ ... so we put information [on food insecurity] into our system ourselves.”

ASSIST

Grantees worked to help clients meet requirements to obtain or maintain benefits.

“We remind our clients that they need to bring us a letter that says they have employment [for a requirement]. We’ll offer them a gas card ... we do have that to take that burden off.”

PARTNER

Grantees developed collaborative partnerships with other organizations who work on food access.

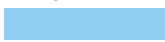
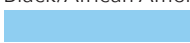




“Before we got the grant we were interacting with a very different set of people. By necessity we had to create a coalition of other organizations that allowed us to tap into their expertise ... about how to address hunger.”

Characteristics of families who screened positive for food insecurity

Ethnicity

Hispanic/Latino		51%
Non-Hispanic		49%

Race

White		27%
Black/African American		31%
Asian/Pacific Islander		1%
American Indian/Native American		1%
Multiracial		4%
Other races		36%