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## A Qualitative Analysis of SNAP and Minimum Wage Policies as Experienced by Workers with Lower Incomes

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### ABSTRACT

Work-related policies, including minimum wage and food assistance work requirements, can affect food security for people with lower incomes. This study conducted 112 qualitative interviews to understand participant policy experiences in two contexts (Raleigh, North Carolina and Minneapolis, Minnesota). Participants experienced frequent, destabilizing changes to their United States Department of Agriculture Supplemental Nutrition Assistance Program benefits, which they identified as part of a broader safety net. Raleigh workers described an unsupportive policy environment; Minneapolis workers reaped few benefits from an ongoing wage increase. Many workers face complex financial tradeoffs; more sophisticated evaluations should consider broader policy contexts and long-range effects.

### KEYWORDS

People with lower incomes; minimum wage; work requirements; policy evaluation; qualitative; snap

## Introduction

In the U.S., people with lower incomes are at a high risk for poor health outcomes, facing both socioeconomic and occupational risks.<sup>1–4</sup> People with lower incomes experience food insecurity in high numbers, with a recent study in a sample of workers making close to minimum wage showing a prevalence of nearly 75%.<sup>5</sup> Numerous policies and programs in the United States (U.S.) are meant to support people with lower incomes in achieving food security – some by offering direct food assistance, and others working further “upstream” to promote financial stability. Of the fifteen federal food assistance programs that help households with food-related needs, the largest is U.S. Department of Agriculture’s Supplemental Nutrition Assistance Program (SNAP), which served over 35 million Americans with lower wages in 2019<sup>6</sup> and has increased

to serve 41.5 million as a result of the COVID-19 pandemic.<sup>7</sup> Participation in the SNAP program is generally associated with positive health effects, from lower psychological distress to lower premature mortality.<sup>8–11</sup>

While SNAP eligibility is primarily income-based, other participation requirements, such as work requirements, may be relevant to those seeking benefits.<sup>12</sup> The work requirement rule is complex. Work requirements can be met by other mechanisms like participation in a SNAP Education and Training program. For people with lower incomes who may move in and out of the workforce with some frequency,<sup>13,14</sup> eligibility barriers can result in substantial “churn” in participation.<sup>15</sup> Administrative barriers in the SNAP recertification process can result in a loss of benefits,<sup>16,17</sup> and work requirements increase the administrative burden required of participants.<sup>14</sup> One estimate suggest that adults subject to work requirements are 53% less likely to participate, with adults experiencing homelessness disproportionately affected.<sup>18</sup>

Efforts to tighten work requirements for SNAP have occurred for a number of years at the state level and, more recently, at the federal level.<sup>19</sup> Requirements for able-bodied adults without dependents (ABAWDs) limit the duration of their SNAP benefits to no more than three months in any three-year period.<sup>19</sup> Further, the option for states and counties to waive some SNAP work requirements for ABAWDs due to high area unemployment or a lack of job opportunities has been increasingly reigned in across the U.S.,<sup>20</sup> with a nationwide no-waiver rule introduced during the Trump Administration.<sup>19</sup> This proposed new rule was dropped under the Biden Administration, but a North Carolina state law eliminating such waivers stands and was in affect when this study was carried out.<sup>21</sup>

Among people with lower incomes participating in SNAP, increasing the minimum wage is an “upstream” public policy initiative that has potential implications for promoting food security. Since 2012, dozens of ordinances in local jurisdictions have increased minimum wage above state levels.<sup>22</sup> Half of U.S. states raised their minimum wage in 2020.<sup>23</sup> Evidence in the public health literature has found that higher minimum wage is associated with a range of positive health measures, including longer life expectancy,<sup>24</sup> better birth outcomes,<sup>25,26</sup> fewer premature deaths,<sup>24,26,27</sup> and a lower risk of obesity.<sup>28,29</sup> While minimum wage policies are meant to advantage people with lower incomes by increasing earned income, some of the intended financial advantages may be offset by the corresponding loss of SNAP benefits that could occur with an increase in income. Moreover, a loss of SNAP benefits may be compounded by a loss of other income-based safety-net programs (e.g., health insurance subsidies, housing assistance, earned income tax credits), which, taken together could have substantial repercussions for household finances.<sup>30</sup>

Little research has examined the effects of how these types of work-related policies, in isolation or in combination, could affect the health and food security of people with lower incomes. One qualitative study of people with lower

incomes by Beck et al. (2019) demonstrated the complexity of individual experiences with a minimum wage increase on health-related behaviors.<sup>31</sup> Participants relied on a network of resources to obtain food and faced tradeoffs between wages and benefits like SNAP. Another recent qualitative study of rural SNAP participants highlighted both the necessity of the program and the program intricacies that made it difficult for participants to understand their benefit amounts.<sup>32</sup> As implied by these studies, the effect of SNAP eligibility changes and minimum wage increases on people with lower incomes' employment, spending, and other financial behaviors is difficult to anticipate. Not only might effects differ by individual circumstances, but effects might be based on both worker *perceptions* of these policies and real-world *experiences* of such policies. For example, workers experiencing a wage increase might choose to reduce their hours or switch jobs upon experiencing a loss of benefits; alternately, they might make a similar decision only with the *anticipation* of such a loss. Other spending and financial behaviors could similarly be influenced by beliefs about policy effects or actual experiences of policy effects.

In sum, in the midst of a groundswell of new minimum wage policies and uncertainty around work requirements for SNAP eligibility, it is unclear how those affected by such policies may perceive these changes or make household finance decisions and decisions around participation in SNAP. Such decisions are important in determining whether households have adequate food supports to prevent food insecurity. Taking a social determinants of health lens, this study interviews household members who are currently or formerly participating in SNAP in two different U.S. cities. The aim of the study is order to understand how their experiences with SNAP affect their household decisions regarding employment, financial planning, and spending.

## Materials and Methods

### Study Design

The current study is a qualitative sub-study nested within a larger natural experiment, the Wage\$ study, that prospectively follows a cohort of people with lower incomes annually from 2018–2022. The aim of the larger study, from which the current study sample is drawn, is to evaluate the health effects of the Minneapolis Minimum Wage Ordinance, which incrementally increases minimum wage to \$15 using a phased implementation. Workers likely to be affected by the ordinance in Minneapolis, Minnesota (MN), and similar workers in a comparison city without a minimum wage increase (Raleigh, North Carolina (NC)), were enrolled in the study in 2018 and are being followed over a period in which minimum wage will increase in Minneapolis from \$10 to \$15 for large businesses and from \$7.75 to \$13.50 among small businesses. Study

participants were recruited from the community in Minneapolis and Raleigh. Participants make annual visits (T1-T5) to community locations, where research staff obtain height and weight, administer a survey, and record participants' paystub information. Data collection occurred at baseline in 2018 (T1) and occurs again after each Minneapolis wage increase, yearly from 2019 to 2022 (T2-T5). This qualitative analysis was conducted at T2 in 2019.

### ***Policy Context***

Participants were located in two cities, Minneapolis, MN and Raleigh, NC, which have differing work-related policies as described below. Data for this study were collected between July and October 2019 (notably, prior to the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which temporarily suspended SNAP work requirements for ABAWDs nationally.<sup>33</sup>)

Raleigh, NC. State policies enacted by the North Carolina General Assembly frame the policy context in Raleigh. First, North Carolina has a state preemption law against local municipalities increasing their minimum wage.<sup>34</sup> Second, North Carolina has a state moratorium for waivers for SNAP work requirements that were in existence prior to 2016.<sup>21</sup> The law requires those ages 18–49 who are able to work and do not have any dependents to meet work requirements to receive SNAP for more than three months in a 36 month period; the moratorium of waivers removes consideration of other factors that could affect the ability to meet work requirements, such as a high local unemployment rate or natural disasters.

Minneapolis, MN. On June 30, 2017, the Minneapolis City Council passed the Minimum Wage Ordinance,<sup>35</sup> following a succession of other local ordinances in U.S. cities and counties.<sup>22</sup> The ordinance, which specifically states that its purpose was to “maintain workers’ health, efficacy, and general well-being,” incrementally increases the minimum wage to \$15 an hour over several years.<sup>36</sup> Employees are covered by the ordinance for all time worked within the geographic boundaries of the city of Minneapolis if at least 2 hours a week are worked. Affected employees do not include independent contractors but do include part-time, joint, and temporary workers. Employers cannot apply tips to the minimum wage. The state of Minnesota does not have a moratorium on waivers for SNAP work requirements, meaning such waivers may be sought locally.

### ***Participant Sample***

For the purposes of the study, people with lower incomes were defined as those likely to be affected by the minimum wage in Minneapolis and comparable workers in Raleigh. English and Spanish-speaking adult participants were eligible if they worked at a wage of less than or equal to \$11.50/hour in Minneapolis/Raleigh OR were employed at that wage within the last six

months and were currently seeking work in Minneapolis/Raleigh and if they planned to serve in the workforce for at least five years. Participants were excluded if they were federal/state workers, full-time students, or planned to retire or move more than 100 miles away. Wage eligibility was set at \$11.50 an hour or less to capture workers earning up to 15% above the minimum wage at baseline, given that a rise in minimum wage can introduce a re-scaling of wages just above it.<sup>37</sup> Unemployed recent workers of low-wage jobs were included because such workers are characterized by low wages, high turnover, and job insecurity,<sup>38,39</sup> and considered likely to be affected by the minimum wage over its years-long implementation. With representation from 20 different major sectors of the low-wage workforce and 15% of the cohort unemployed at baseline, the sample represents a two-site cross-section of individuals likely to be affected by SNAP employment-related policies and changes in minimum wage.

Participants were invited to participate in the current substudy at their T2 visit in the summer of 2019 if they met eligibility criteria. Participants in the qualitative study met all of the above larger study criteria at T1 and in addition, at T2 were either: (1) current SNAP participants (Group A) or (2) enrolled in SNAP at T1 but no longer participating (Group B). At the T2 visit, we offered an invitation to participate to the first 30 people in Group A and the first 20 people in Group B at each site, with additional eligible participants invited to reach a target of 100 interviews. A trained interviewer from the Minneapolis study research team subsequently followed up with the participants to conduct an audio-recorded interview over the phone. Because it sometimes took weeks from the T2 appointment to reach participants and obtain an interview, 127 participants were invited to participate to ensure that at least 100 were completed. Of those invited, no one declined the offer to participate, but six participants could ultimately not be reached, yielding a 95% participation rate of those invited. Interviews were conducted in English and Spanish. Participants received a \$50 incentive for their time (approximately 30 minutes). The study was approved by the Institutional Review Board at the University of Minnesota.

We aimed to collect 100 interviews to obtain an adequate breadth of participant perceptions and experiences. In total, 121 participants were consented. Due to a malfunction of the audio recorder, 8 interviews (5 Raleigh, 3 Minneapolis) were recorded improperly and as a result could not be transcribed. Notes were taken on lost transcriptions but were not coded in this analysis. In addition, one participant who consented to participate reported to be eligible for the study in screening questions, but after further questioning, was ultimately not eligible. The final analytic sample is based on 112 complete transcribed interviews with eligible participants.

### ***Interview Guide Development***

Research questions and an interview guide were developed during a series of meetings between the research team and Community Advisory Board (CAB) members in Minneapolis and Raleigh in the spring of 2019. CAB members were comprised of local stakeholders and included representatives from social service agencies, city and state public health departments, and community liaison consultants. Study aims were presented to CAB members along with sample questions for three segments of the interviews: (1) changes in SNAP benefits, (2) household finances, and (3) local policy perceptions. The CAB shaped the progression of questions in each section, paying particular attention to opening questions, the order of questions, and the use of terminology that was familiar to participants. The interview guide was then finalized by the research team and is presented in Appendix 1.

The interview guide was structured to avoid asking leading questions so that participants would make connections between the three segments (SNAP benefits, household finances, and local policy perceptions) where none existed. For instance, the guide did not ask directly, “Do you think a raise in minimum wage will cause you to lose your SNAP benefits?” so as not to introduce that perception to participants if it did not exist. Instead, the guide probed for participant narratives on the segment topics with the aim of coding cross-segment connections in the analysis. Local policy perception questions were different across sites; only Minneapolis participants were asked about the minimum wage and only Raleigh participants were asked about ABAWD work requirements.

### ***Analysis***

Interviews were audio-recorded and transcribed by a professional transcription service. The interview had three segments (SNAP, finances, and policy perceptions), with analyses drawing connections between these segments. Following transcription, interview transcripts were uploaded to NVivo 12 and coded using a collaborative, multistage review process. The social constructionist grounded theory method was applied to the qualitative data.<sup>40</sup> The detailed coding process applied a deductive analytical approach, using open coding to allow themes to emerge from the data.<sup>40</sup> An iterative process was used for coding, with team members reviewing coding transcripts independently and then convening periodically to discuss emerging themes. A codebook of major themes was created, not all of which directly pertained to the research questions. Themes related to the specific research questions were created through team discussion and consensus-building.



## Results

A description of the study participants is presented in [Tables 1 and 2](#), followed by themes from the analysis relevant to the research questions, along with illustrative quotes. Emergent themes from our interviews fell into the following categories: (1) Participants experienced frequent changes to SNAP benefits, which were detrimental to financial stability; (2) SNAP is just one component of a web of necessary supports for participants; (3) An unsupportive policy environment in Raleigh contributed to expressions of hopelessness; and (4) The positive effects of a Minneapolis minimum wage increase were largely aspirational, rather than experienced.

### Participant Characteristics

Participant demographics are presented in [Table 1](#). The average age of participants was 43.6 years and average household size was 2.8 people. The proportion of males and females in the cohort was 36% and 63%,

**Table 1.** Demographics of 112 participants completing interviews in the study.

	Minneapolis			Raleigh			Combined		
	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>
<b>Age</b>	56	46.7	13.9	56	40.4	10.7	112	43.6	12.8
<b>Household size</b>	56	2.66	2	56	3	1.6	112	2.78	1.7
<b>Hourly wage (dollars, 2019)</b>	49	12.39	2.3	53	11.12	3.3	102	11.73	2.9
	<i>N</i>	%		<i>N</i>	%		<i>N</i>	%	
<b>Education</b>									
Less than high school	13	23%		9	16%		22	20%	
High school completed	13	23%		19	34%		32	29%	
Some college	16	29%		12	21%		28	25%	
Associate/Technical degree	10	18%		6	11%		16	14%	
Bachelor's degree or higher	4	7%		10	18%		14	13%	
<b>Race</b>									
American Indian/Alaska Native	5	9%		0	0%		5	4%	
Asian	0	0%		0	0%		0	0%	
Black/African American	34	61%		47	84%		81	72%	
White	13	23%		6	11%		19	17%	
Two or more	2	4%		1	2%		3	3%	
Other/Unreported	2	4%		2	4%		4	4%	
<b>Ethnicity</b>									
Hispanic	2	4%		1	2%		3	3%	
Non-Hispanic	52	93%		53	95%		105	94%	
Unreported	2	4%		2	4%		4	2%	
<b>Gender</b>									
Male	25	45%		15	27%		40	36%	
Female	31	55%		40	71%		71	63%	
Non-binary/missing	0	0%		1	2%		1	1%	
<b>Annual Household income</b>									
Less than \$5,000	12	21%		7	13%		19	17%	
\$5,001 to \$10,000	19	34%		18	32%		37	33%	
\$10,001 to \$20,000	15	27%		22	39%		37	33%	
\$20,001 to \$30,000	6	11%		6	11%		12	11%	
\$30,001 to \$40,000	1	2%		3	5%		4	4%	
\$40,001 to \$50,000	2	4%		0	0%		2	2%	
More than \$50,000	0	0%		0	0%		0	0%	
Unreported	1	2%		0	0%		1	1%	



respectively, with 1% not reporting gender. Twenty percent of participants had an education level of less than high school, while another 29% had completed high school; 25% completed some college; 14% completed an Associate or Technical degree program, and 13% had a bachelor's degree or higher. The largest proportion of participants between both sites were African American (72%), with a higher proportion of African American participants in the Raleigh cohort (84%) compared with Minneapolis (61%). The majority of study participants were non-Hispanic (94%). Most of the cohort reported an annual income between \$5,001 and \$20,000, with only 6% of the cohort reporting a household income level higher than \$30,000.

Self-reported SNAP participation and benefit amounts are reported in [Table 2](#). SNAP participation was 85% at T1 and 64% in T2. In Year 1, the largest proportion of participants reported receiving \$151 – \$250 in benefits per month (25%); in Year 2 this was the second most frequently reported benefit amount (15%) while the most frequently reported benefit amount was \$0. Notably, SNAP benefit amounts are presented to provide context for interview results; the lower SNAP participation rate at T2 reflects eligibility criteria for the study (participants who participated in SNAP at T1, but not at T2, were specifically sought).

### ***Theme 1: Participants Experienced Frequent Changes to SNAP Benefits, Which Were Detrimental to Financial Stability***

The experience of changing eligibility and SNAP benefit amounts was very common among participants. The reasons for these changes varied and included – but was not limited to – changes in wages and total income. Some participants experienced changes due to major life events such as the birth of a child, or due to administrative errors at the benefit office. The

**Table 2.** SNAP participation and benefit amount.

	Minneapolis (n = 56)				Raleigh (n = 56)				Combined (n = 112)			
	2018 (T1)		2019 (T2)		2018 (T1)		2019 (T2)		2018 (T1)		2019 (T2)	
	N	%	N	%	N	%	N	%	N	%	N	%
<b>Participating in SNAP</b>												
Yes	48	86%	36	64%	47	84%	36	64%	95	85%	72	64%
No	8	14%	20	36%	8	14%	18	32%	16	14%	38	34%
Unreported	0	0%	0	0%	1	2%	2	4%	1	1%	2	0%
<b>Reported monthly SNAP benefit amount</b>												
\$1 – \$25	7	13%	2	4%	10	18%	7	13%	17	15%	9	8%
\$26 – \$50	3	5%	2	4%	4	7%	1	2%	7	6%	3	3%
\$51 – \$100	3	5%	6	11%	6	11%	4	7%	9	8%	10	9%
\$101 – \$150	7	13%	4	7%	4	7%	6	11%	11	10%	10	9%
\$151 – \$250	19	34%	11	20%	9	16%	6	11%	28	25%	17	15%
\$251-\$500	6	11%	8	14%	7	13%	7	13%	13	12%	15	13%
>\$500	3	5%	2	4%	5	9%	7	13%	8	7%	9	8%
None	7	13%	21	38%	10	18%	18	33%	17	15%	39	35%
Unreported	1	2%	0	0%	1	2%	0	0%	2	2%	0	0%

experience of having SNAP benefits decrease directly because wages or total income increased was frequently reported. Some participants expressed frustrations in their experiences with the SNAP program stemming from these frequent changes, as well as a lack of clarity on benefit calculations. Most participants were aware that changes in wages could lead to changes in SNAP benefit amounts. Yet some participants felt that the program's design did not take important information or aspects of their finances into account when determining eligibility or benefit amount, since increases in wages could be accompanied by other changes that offset the gain associated with that increase. For example, one participant described making a complex calculation about whether to take a job with an increased wage since the increase in wages would come along with other changes that would negatively affect household finances:

*Recently, I was offered a job for \$2 more, and then, I had to account for the travel. I would have to do before-and-after-school camp for my daughter, as well as, if I take this job with me spending basically as much money as I'm making, my SNAP benefits are going to be lowered as well. So it basically would've been me working backwards.*  
(Raleigh participant)

It was not uncommon for participants to navigate complex tradeoffs in their household finances such as this, so that adjustments had to be made to benefits, work, or other expenses. To avoid constantly shifting calculations, one participant chose to avoid the SNAP program altogether because their wage fluctuations put them at the cusp of eligibility and it was too difficult to stay enrolled in the program:

*But it also made it difficult because my job fluctuates, like the hours, so how much I make per month varies, but you can't apply every single month, so I just had to stay off of it.*  
(Minneapolis participant)

Participants described how these changes in monthly benefits had a detrimental effect on their household finances. Many experienced challenges covering the cost of food after their benefits were reduced. Insufficient wages and high prices for food dictated both what food products people could purchase, and also where they shopped for food. A reduction in benefits sometimes left people in a position of having to choose between paying for food and other necessities. Moreover, it was noted that the changes in benefits made it difficult to budget:

*Then some time it goes back down again . . . So, I find that very worrisome and, you know, just wondering, okay, once you do your budget, once you figure out something for a month, you can't just do it for a month. You got to look a little bit farther down than a month and, you know, so you can just stay up on all what you're used to how you're living, you know, the best way you know how.* (Minneapolis participant)

Overall, SNAP benefit fluctuation was a common experience for participants, and one that made it difficult to predict the total monthly household resources that would be available. These fluctuations factored into complex decisions participants had to make about employment.

### ***Theme 2: SNAP Is Just One Component of a Web of Necessary Supports for Participants***

When discussing SNAP, participants overwhelmingly described it in the context of many other benefits essential to their monthly financial resources. SNAP benefits were described as interconnected to other food assistance programs such as the Special Supplemental Program for Women, Infants, and Children (WIC) and school meals, and also to other income-based program such as health instance subsidies, housing assistance, and disability insurance. Minneapolis residents in the study, in particular, mentioned receiving assistance from an array of government assistance programs in addition to SNAP.

Like SNAP, some participants experienced changes in eligibility for these income-based benefits as their wages and income changed. There were some examples of participants reporting making changes to their job or decreasing their hours to maintain other benefits that had an eligibility “cliff,” or a point at which they would abruptly lose eligibility for a benefit (unlike SNAP decreases which are gradual).<sup>41</sup> For example, a participant experienced a loss of medical assistance when they found a full-time job. While it was not common for participants to report quitting a job to retain public benefits, in this case, the participant reasoned that his need for medical coverage was a greater need than the employment income:

*[My SNAP] not only decreased, but it was eliminated because I had got a full time job. And that just wiped it out, along with my insurance. My medical insurance. Medical assistance . . . I needed the medical assistance more than I need any job. So I went on and quit the job. (Minneapolis participant)*

Notably, when discussing government supports, Raleigh participants were more likely than Minneapolis participants to state that support from social service programs fell short of their household’s need. In fact, the two sites differ in their safety net programs in ways that extend beyond the minimum wage and SNAP work requirements. For example, Minnesota expanded its Medicaid program following implementation of the Affordable Care Act, whereas North Carolina did not. In Raleigh, many expressed overarching dissatisfaction with the support that was available from government resources:

*I feel like they could try to at least do something because just saying, “Hey, I can’t help you. I’m sorry. That’s the rules.” I feel like that’s not really the point of social services. (Raleigh participant)*

Despite variable access to government programs across the two sites, participants in both cities cited a network of non-governmental support. Many depended on family and social circles, churches, and community organizations for additional support when they lost a job or benefits. Notably, *all but a few* of the study participants reported using hunger relief agencies like food pantries. Overall, participants aimed to maximize their total household resources and made decisions accordingly. SNAP benefits contributed to these household resources but were often only a small part of the network of resources that participants relied on. The total network of resources formed the basis for decisions around employment and finances.

**Theme 3:** *Among Raleigh participants, an unsupportive policy environment contributed to expressions of hopelessness.*

Many participants expressed a lack of opportunity and support to attain basic financial stability; this theme was particularly salient in Raleigh. One participant stated succinctly:

*I feel like North Carolina, they don't make it so resources are available for people to fully excel.* (Raleigh participant)

Some participants in Raleigh discussed specific features of the policy environment that made it difficult to get ahead. For example, participants had negative perceptions of SNAP work restriction policies for ABAWDs. Some participants noted that everyone needs some kind of help and that it seemed like a “penalty” for those without children. Several participants made note of the challenges in obtaining and maintaining work and the inflexibility of the policy. One participant described how the effects of a loss of SNAP benefits might play out, particularly when diverting money for other expenses to food:

*You have a car payment of the same amount as you were getting food stamps. Now, you that in essence is like a chain reaction. It causes you now to lose your car, then this, then that and so that could possibly lead to you losing your job because you don't have transportation.* (Raleigh participant)

In discussing circumstances like the one above, many participants used powerful language to describe how they felt they could never catch up, saying they felt that they were “drowning” or “scared to death.”

*When you get caught off like that, I mean, it seems like a little bit, but then it cascades into more and more and more, and it affects the car, and it affects the rent, and it affects utilities and stuff like that, too. And it's just like, what's the most urgent thing that needs to be paid before they basically chop you off, and you gotta pay them. And so you're always struggling and you're always stressing, and it's not good. And you're never catching up.* (Raleigh participant)

At the same time, it was not uncommon for Raleigh participants to mention that they wanted to gain independence through better employment and living wages, rather than remain dependent on benefits.

**Theme 4:** *The positive effects of a minimum wage increase were largely aspirational, rather than experienced.*

The Minneapolis Minimum Wage Ordinance had completed only the first phase of implementation at the time of the study in 2019. At the time of the interviews, perceptions of the policy among Minneapolis participants were generally positive, with one participant noting that they had received \$80 extra since the minimum wage increase occurred. Still, examples like this were not widely offered. A more common sentiment was that the policy was going to take too long to be implemented, and that the increase would not be great enough to make a real difference. Some were concerned that it might interfere with other expected increases or bonuses that they hoped to receive. Many participants mentioned an increase in the cost of living in Minneapolis, particularly due to housing, and were anxious about continued increases resulting from the minimum wage:

*I couldn't even afford to save if I wanted to, because the cost of living goes up. Like every time they increase minimum wage, then the cost of living goes up. So it's like, okay, you're giving us more money, but now you're charging us more money, too. And it's never an even keel. It never is. (Minneapolis participant)*

When participants were asked what they would do with extra money as a result of minimum wage increase, some expressed that it would not amount to extra money given how behind they felt. However, many participants did express hope of an increase in minimum wage allowing them to eventually realize financial goals. For some, those goals were maintaining basic food and housing. Other participants noted small, but significant, ways a wage increase would be a benefit to them, even in relieving some of the stress they felt. One participant cautiously hoped to indulge in a rare purchase of new clothes:

*I would have to see, after we paid everything, and maybe—I always go to the thrift stores. Maybe I can buy a new blouse, instead of a used one. You know. Or, new shoes. Yeah. because everybody deserves something new. (Minneapolis participant)*

Some participants also suggested there could be some psychosocial benefits from the minimum wage increase, beyond finances and material improvements. Participants said that an increase in wages could, aspirationally, allow them to spend more time with family, bring their community closer together, decrease crime, and get people motivated to work.

## Discussion

This study presents a qualitative approach to understanding people with lower incomes' experiences around work-related policies that have implications for household food security. Results suggest that, for a majority of participants, financial stability depends on a constellation of moving parts. Participants

consistently described fluctuations in SNAP benefit amounts, and at the same time, they acknowledged that SNAP was only one resource within a network of public and private resources they relied on to meet the basic needs of their household, including food. Among workers who are the most entrenched in poverty and hardship, the effects of a single policy may be obscured by other destabilizing social and financial conditions. For example, for a worker who is considering their employment options, a loss of SNAP benefits may be a less urgent concern than the accompanying loss of medical benefits. Thus, decision-making around jobs was often based on complex tradeoffs rather than a single factor – as in the case of the worker deciding to keep a job at lower pay to offset other financial losses that would come about with the new job.

The findings of the study are broadly congruent with other qualitative literature. Beck et al. (2019) also used interviews to explore health-related policy effects among people with lower incomes<sup>31</sup> and shared a number of similar findings. In both studies, households relied on a patchwork of resources, including but not limited to wages, food assistance programs, and other community resources like food pantries, to meet their basic household needs; participants raised concerns about cost of living increases associated with minimum wage increases; and fluctuating monthly resources were commonly reported in both studies, making it difficult for households to plan for the future. The theme around frequent fluctuation in SNAP benefits has mostly been unreported elsewhere in the public health literature on SNAP user preferences and experiences,<sup>42–46</sup> but was similarly recently reported by Haynes-Maslow et al. (2020) in a study of rural SNAP participants.<sup>32</sup> Findings in the current study were also similar to a 2013 USDA report of SNAP participants' experiences, which also reported that trade-offs were common for households needing to maximize their monthly budget amount, and that temporary reductions in government benefits can destabilize household budgets.<sup>17</sup>

Our findings also offer narrative accounts that broadly support quantitative findings from the economic literature. For example, a recent study using administrative data found no evidence that SNAP participants strategically base work decisions on avoiding benefit reductions.<sup>47</sup> Participant narratives are also consistent with an analysis demonstrating no net benefit to workers when their earnings increase from \$12 to \$15 an hour given the *combined* phase-out of benefits like the earned income tax credit, SNAP, and other subsidies.<sup>48</sup>

Participants in both cities shared an aspiration to achieve basic financial stability, including making enough to feed their families, pay their bills, and save some money. However, important thematic differences were detected between the two sites. Participants in Minneapolis expressed more hope for advancement in the future than Raleigh residents. Aspirations may have felt more achievable in Minneapolis where the minimum wage policy change is intended to benefit the study population. In Minneapolis, even if the positive effects of a minimum wage increase were so far limited, the prevailing attitude

was one of optimism tempered by concerns that rising minimum wage would exacerbate the high cost of living. While minimum wage increases have generally not been shown to increase local food prices,<sup>49–52</sup> it is less clear how minimum wage could affect housing costs. In Raleigh, the sum of experiences with public benefits shaped broad perceptions that public support systems were inadequate. There was greater apathy about the possibility of policies change as a mechanism to improve people’s financial circumstances. Overall, the findings warrant further exploration of the role of local political engagement of this class of workers in shaping local policy actions.

### ***Implications for Policy Planning and Evaluation***

Study findings offer several insights relevant to the planning and evaluation of policies targeting the social determinants of health. First, policy strength must be considered. The strength of any local minimum wage increase depends on many factors, including the local cost of living and household composition; in most places, proposed increases fall short of a “living wage” for most households.<sup>53,54</sup> While the proliferation of incremental minimum wage policies may gradually move the needle toward a living wage, incremental wage changes may not result in financial solvency for households when the cost of living is high. Furthermore, from a public health evaluation standpoint, these policies may not yield a strong enough “dose” to lead to downstream health behavior or food security change, or improvements in health behaviors (such as eating a healthier diet) may lag years behind an increase in minimum wage because funds may first be used to pay off bills and address pressing needs such as taking care of overdue car and home repairs. Typical natural experiment study designs may not track participants for the necessary duration needed to observe positive effects, may not capture unanticipated policy effects, and may have limited ability to measure important mediators.<sup>44</sup> Finally, broader policy contexts – including historical policies, local community resources, dominant political climates, and local programming – are likely to be modifiers of new policies that may enhance or inhibit their effects, but can be difficult to measure. For example, SNAP work requirements may have different effects in areas with and without supportive employment policies, such as paid sick leave. Assessing local policy effects requires, at a minimum, understanding policy contexts, and more ideally, being equipped to evaluate combinations of policies. In sum, improving the social determinants of health in populations making lower wages may require stronger policies, and documenting those improvements may require more sophisticated evaluations that consider broader policy contexts and long-range or unexpected effects of those policies.



## **Limitations**

The policy contexts of Minneapolis and Raleigh served as reasonable contrasts in this study, but they are not necessarily transferable to other areas of the U.S.; a similar study conducted in different policy environments could yield different observations. Beyond transferability, the main limitation of this study is that the interviews avoided asking participants about the direct links between wages and benefits. Were participants to be asked, “Are you concerned that an increase in wages will lead to a loss of your benefits?” the researchers may have introduced concerns to participants that they did not already have, or probed for a connection that was not present before the interview. As a tradeoff, there may be some omissions of relevant narratives in our compilation of interviews, and our identification of overarching themes required more researcher interpretation.

## **Conclusion**

Many policies directly affecting people with lower incomes, such as SNAP work requirements and minimum wage policies, are experienced through a lens of prevailing poverty. People with lower incomes frequently make complex tradeoffs to maximize a broad and often-shifting set of financial resources needed to prevent food insecurity. These policies do factor into worker decisions and behaviors, but in ways that may not be easily captured in policy evaluations. These findings have implications for planning and evaluating public health interventions addressing the social determinants of health.

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## Appendix 1: Interview Guide

### Part I: SNAP (all participants)

- How did you first hear about SNAP? *Probe: How did you know you were eligible for this support?*
- Do you know how your eligibility, or the amount of SNAP you receive each month is figured out?

- Tell us about any changes you've experienced with your SNAP money (amounts, eligibility, usage) changed in the last year?

(For those whose benefits changed)

- How did you find out that it changed?
- Do you know why it changed? What changed in your life at that time?
- How, if at all, were able to prepare for this change?
- Thinking about all your household income, not just this food support money, how have you spent money differently since this change?

(For those whose benefits did not change)

- If you had a question or concern about your SNAP money, who would you go to, to help you understand what's going on?
- Thinking about all of your household income, not just this food support money, how might you spent money differently if there was an increase or decrease in your SNAP amounts?

### **Part 2: Your household finances** (all participants)

- What community resources or programs have been most helpful to you in times when finances are strained?
- What other government income support programs have been helpful to you?
- How are you feeling about your finances?
- Describe your level of worry or stress about finances. *Probe: How does that affect you?*
- Have you had a time when your SNAP money wasn't enough? What was that like?

### **Part 3: Policy perceptions** (Minneapolis participants)

- What have you heard about the minimum wage policy?
- How do you think this increase in wages will affect you or your community?
  - *Probe: Think about good or positive things that might happen. Have any of these things happened to you? Have any of these things happened to your community?*
  - *Probe: Are there any not-so good things that could happen? Have any of these things happened to you? Have any of these things happened to your community?*
- What might you or members of your community do with the extra money earned from an increase in wages?

### **Part 3: Policy perceptions** (Raleigh participants)

- What have you heard about counties no longer being able to waive work requirements for Able-Bodied Adults Without Dependents (ABAWDs) so they can continue to be eligible for SNAP benefits?
- How do you think the inability for Wake County to continue to get a waiver has already affected or will affect your community?