

Supplemental Nutrition Assistance Program Reform: A 21st Century Policy Debate

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Executive Summary:

The current policy debate on the role of the Supplemental Nutrition Assistance Program (SNAP), the oldest and largest nutrition assistance program administered by the U.S. federal government, in addressing the obesity epidemic has garnered substantial attention. Stakeholders have increasingly published reports, policy statements, studies and commentaries on the subject in peer-reviewed academic journals, national newspapers, websites and blogs. Aiming to strengthen the program's capacity to promote healthy diet and prevent disease, public health advocates have proposed several innovative program reforms, including incentivizing purchases of healthy items, restricting purchases of unhealthy items, bolstering its nutrition education component, setting stronger stocking requirements for SNAP retailers, and restructuring benefit allotment schedules.^{1,2} In particular, the debate over whether or not to restrict the purchase of "unhealthy" items with SNAP benefits has generated significant controversy. While the USDA, anti-hunger organizations, and food and beverage industries have voiced opposition, the public health and nutrition community has spoken in favor. This paper provides a primer on the circumstances portending the debate, examines the arguments on both sides, and reviews relevant literature with the purpose of informing best policies.

I. Background Introduction

During the past four decades, the prevalence of pediatric obesity in the United States has nearly tripled, and the most recent estimates indicate that 31.8 percent and 16.9 percent of children and adolescents ages 2-19 are overweight and obese, respectively.^{3,4} Overweight and obese children are significantly more likely to become obese adults⁵ and are at increased risk of myriad adverse physical and psychosocial health outcomes including type 2 diabetes, asthma, orthopedic conditions, hypertension, cardiovascular disease, cancer, depression, and low self-esteem.⁶ Accordingly, excess

adiposity during youth is associated with increased utilization of the healthcare system throughout an individual's life span. Given the estimated annual obesity-related illness cost of \$190.2 billion dollars, the epidemics of overweight and obesity and diet-related morbidities are detrimental to the nation's health and economy.^{6,7,63} Since the conditions result from physiological energy imbalance and are mostly preventable, the marked upward trends have compelled policy-based population interventions aimed at improving children's diets.

Because federal nutrition assistance programs serve millions of low-income children, a demographic disproportionately

affected by overweight and obesity,⁸ they have been endorsed by public health officials and policymakers for their potential to target afflicted individuals and reduce income-related health disparities.¹ In 2010, the White House Task Force on Childhood Obesity recommended several nutrition assistance program-based obesity prevention strategies.⁹ Helping to provide sustenance for nearly one in seven Americans,¹⁰ the Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program (FSP)) is positioned to influence the diet of a considerable portion of the U.S. population. Regarded as the cornerstone of federal nutrition assistance and the largest of 15 domestic programs administered by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS), SNAP aims to "provide for improved levels of nutrition among low-income households."¹¹⁻¹³ During the 2012-2013 fiscal year, SNAP has served over 46 million Americans each month with participation reaching an all-time high of 47.1 million in August, 2012.^{14,15} Children under 18 years of age represent nearly half (47 percent) of beneficiaries and households with children receive 71 percent of all SNAP benefits.¹⁰

Program eligibility requirements and monthly benefit allotments, based on household income, size, resources and expenses, are for the most part nationally uniform.¹⁰ Generally, households with incomes below 130 percent of the federal poverty level and financial assets less than \$2,000 are eligible to receive government-issued SNAP benefits (previously called stamps or coupons) redeemable for eligible foods and beverages at participating retail outlets via debit-like Electronic Benefit Transfer (EBT) cards. Monthly benefit allotment corresponds to the estimated amount of funds needed to obtain a "nutritionally adequate diet" according to the USDA Thrifty Food Plan.¹²

The federal government began providing food for low-income Americans 80 years ago when the New Deal Administration

distributed agriculture surpluses to those in need of food as an adjunct to its emergency farm assistance programs.^{16,17} The archetype Food Stamp Program debuted in 1939 and during inaugural decades, it supported both the economic needs of farmers and the dietary needs of low-income Americans.^{18,19} The latter eventually emerged as the program's primary purpose, codified as such in the Food Stamp Act of 1977.^{18,20} The program has traditionally sought to promote food security and prevent hunger and malnutrition; however, responding to epidemiological trends marked by the prevalence of overweight and obesity exceeding underweight among low-income children by approximately seven to one (31.1% versus 4.3%), it has recently incorporated the goal of improving diet quality with the aim of preventing overweight, obesity and adiposity-related disease. Recognizing that "obesity has emerged as the nation's most pressing health and nutrition issue," the USDA has taken first steps toward addressing the issue through the SNAP program.²¹

Congress reauthorizes the Food Stamp Program via omnibus agricultural legislation known as the Farm Bill approximately every five years. The current authorizing legislation is titled the Agricultural Act of 2014 signed into law on February 7th, 2014. Prior to and following the expiration of the Food and Nutrition Act of 2008 (enacted via the Nutrition Title (Title IV) of the 2008 Farm Bill (The Food, Conservation and Energy Act of 2008)) on September 30, 2012²², a protracted review process permitted extensive discussion of the program's future, particularly its role in ameliorating the obesity epidemic.²³ Dialogue focused in particular on whether the program should incentivize healthy purchases and/or prohibit or disincentivize unhealthy purchases.¹

Under current rules, participants may redeem benefits for "any food or food product for home consumption" as well as seeds and plants that produce food for consumption.¹⁵

Rural Alaskans may purchase hunting and fishing equipment for the purpose of procuring food.^{24,25} Items ineligible for purchase include tobacco and tobacco products, alcoholic beverages (beer, wine and liquor), foods for on-premise consumption, hot foods, medicines, vitamins, dietary supplements, and any nonfood items.¹⁵

New Directions in SNAP

Recently, the federal government has shown concern for promoting foods that protect against excess adiposity and related disease. In 2007 and 2008, the USDA published two inquiries, *Improving Food Choices--Can Food Stamps Do More?* and *Food Stamps and Obesity: What Do We Know?*^{26,27} Thereafter, via the Food and Nutrition Act of 2008, Congress changed the name of the Food Stamp Program (of 44 years) to the Supplemental Nutrition Assistance Program, which allegedly aligned the name with the program's renewed focus on promoting nutritional quality of participants' diets.^{12,22,28} The most conspicuous indication of a shift toward encouraging healthy diet, the name change, according to the agency "...more accurately reflects the program's mission"¹¹ and "represents the advent of a new era in nutrition assistance at USDA."^{11,28}

The 2008 legislation also bolstered SNAP's nutrition education component, SNAP-Ed. Aiming "to empower program participants with knowledge of the link between diet and health," it appropriated additional funds and mandated that SNAP-Ed curriculum conform to the nutrition science espoused by the current *Dietary Guidelines for Americans* (DGA) (sec. 4211).^{22,29} The guidelines, revised by scientific experts and published jointly by the USDA and the U.S. Department of Health and Human Services (HHS) every five years, serve as the prevailing evidence-based nutrition standards for policy makers, health professionals and the public. By establishing a nutrition education and obesity prevention grant program to eliminate states' financial obligation in offering SNAP-Ed, the Healthy, Hunger-Free

Kids Act of 2010 further expanded education programming.³⁰

Additionally, the 2008 Act provided \$20 million for pilot projects to evaluate the efficacy of SNAP to encourage healthier food purchases, "...to improve dietary and health status..." and "...to reduce overweight, obesity (including childhood obesity), and associated co-morbidities in the United States (sec. 4141)."²² The first of such projects, the Massachusetts Healthy Incentive Pilot (HIP), launched in the fall of 2011 to evaluate the impact of a financial incentive (receipt of an additional 30 cents in benefits for every dollar redeemed for fruits and vegetables) on participants' purchase and consumption of fresh produce.³¹ The project will assess the feasibility of implementing a similar program nationwide. According to USDA's Under Secretary Kevin Concannon, "The Healthy Incentives Pilot is an incredible step towards reducing obesity by encouraging low-income Americans to add more fruits and vegetables to their diets," and "It's time to move forward with innovative approaches like HIP to get Americans eating more healthily."³²

In 2009, the agency initiated the National Food Study (FoodAPS) to collect detailed information about the types and nutritional value of foods purchased by SNAP participants.³³ The project is examining how program participation influences food purchases, the ability to reliably access sufficient food for a healthy lifestyle, food purchase decisions, and the nutritional value of food acquisitions, as well as the impact of nutrition knowledge on purchases. Lastly, with the objective of "increasing the variety of healthy and nutritious foods available to SNAP participants..." the USDA appropriated \$4 million in 2012 to outfit farmers' markets with wireless EBT technology that permits redemption of benefits at markets.^{22,34}

Inaction and Resistance

Despite these nutrition-promoting developments, the USDA has refrained from implementing structural and/or operational changes to influence SNAP participants'

purchases. Citing regulatory constraints, the USDA has declined to fund initiatives aimed at encouraging healthy purchases.³⁵ Meanwhile, state and local governments and nonprofit organizations have sponsored incentive programs including those that double the value of SNAP benefits redeemed for produce at farmers' markets, a strategy recommended by the 2010 White House Task Force on Childhood Obesity as a means to improve accessibility and affordability of fresh fruits and vegetables.^{9,35} Nonprofit projects include Wholesome Wave's Double Value Coupon Program (DVCP) operating in 26 states and D.C.,³⁶ Fair Food Network's Double Up Food Bucks in Michigan,³⁷ and Roots of Change's Market Match in California.³⁸ A growing number of municipalities have also begun operating farmers' market incentive programs; examples include Boston's Boston Bounty Bucks,³⁹ Portland's Fresh Exchange,⁴⁰ and New York City's Health Bucks program.⁴¹ In 2007, the state of California initiated a pilot project to increase the availability of fresh produce at small grocery stores in low-income neighborhoods and the purchase of fresh fruits vegetables by SNAP participants via financial incentive.⁴²

The USDA has also explicitly overruled state-proposed initiatives to disallow purchase of certain "unhealthy" foods and beverages with SNAP benefits. While the list of SNAP-eligible items is federally regulated, states can petition the USDA for a waiver of regulations in order to implement modifications.⁴³ The agency has rejected two states' appeals to pilot additional purchase restrictions.⁴⁴

In 2004, the USDA denied Minnesota's application for a waiver to ban the redemption of SNAP benefits for candy and soft drinks taxed under the state law.⁴⁵ Thereafter, in 2007, the USDA published a position paper, *Implications of Restricting the Use of Food Stamp Benefits*, asserting that "there are serious problems with the rationale, feasibility and potential effectiveness of (prohibiting program participants from using their benefits to buy

foods of limited nutritional value)" and explicating its rationale for opposing purchase restrictions.^{21,1} In 2010, the issue was revived when New York requested a waiver to conduct a two-year demonstration project in New York City (NYC) excluding sugar-sweetened beverages (SSBs) containing more than 10 calories per 8-ounce serving (except fruit juice without added sugar, milk products and milk substitutes) from the list of allowable items.⁴⁶ Though New York tried to satisfy the USDA's stated concerns, the agency denied the application for lacking adequate attention to the impact on retailers and an ample evaluation plan and for proposing too large of a city as a trial site. During the last decade, Maine, California, Nebraska, Illinois, Iowa, Pennsylvania, Michigan, Vermont, Texas, and Florida have proposed legislation that would require the state to seek permission from the USDA to prohibit the purchase items such as sugar-sweetened beverages, chewing gum, foods high in fat, sodium and/or refined sugar, foods of minimal nutritional value, and/or fried foods with SNAP benefits, or to more closely align the list of eligible items with the criteria used by other federal nutrition programs.⁴⁷

With the goal of informing best practices and future policy directions, the following summarizes the primary reasons cited in opposition of SNAP purchase restrictions, presents counter arguments made by public health advocates, and considers empirical evidence germane to the debate.

II. The Debate

The Question

Should additional restrictions be placed on the foods and beverages eligible for redemption with SNAP benefits?

Issues and Points of View

1.) Determining Prohibited Items

Point. The USDA advocates that SNAP policy should address overall dietary pattern rather than individual foods since 1) federal

dietary guidance and advice given by most nutritionists applies to total diet rather than specific foods (“mainstream nutrition guidance embodies the concept that ‘there are no bad foods, only bad diets.’”) and 2) “it is not a simple task to draw a bright line between foods that contribute to a healthy diet and those that do not.”²¹ Since no clear standards exist for defining foods as healthy or unhealthy, distinguishing allowable from restricted foods presents a substantial challenge. The USDA finds fault with five potential methods to assess item eligibility, including expert opinion and four formula-based nutrient/ingredient content approaches.

Specifically, the agency contends that expert panels of dietitians, physicians, and/or public health experts would struggle to reach consensus regarding which nutrients and at what levels warrant public health concern and that their decisions would not be objective. Alternatively, nutrient-based approaches pose challenges associated with the question, “Are healthful foods characterized by the absence of nutrients to be avoided, the presence of desirable nutrients, or a combination of both?” Since foods contain many substances and various criteria could be used to assess their healthfulness, this question is not easily answered. Diet soda and nutrient-fortified “SuperDoughnuts” exemplify the challenge.

Counterpoint. Those favoring restrictions assert that allowing foods with little or no nutritional value contradicts SNAP’s stated purpose of improving nutrition, competes with federal dietary guidelines, undermines federal nutrition education efforts, and effectively subsidizes “a group of products that are leading contributors to the diabetes and obesity epidemics.”⁴⁶

While the 2010 DGA encourage consumption of nutrient-dense foods and beverages including fruits and vegetables, whole grains, and fat-free and low-fat milk and its products, and minimizing consumption of sodium, solid fats, cholesterol, added sugars and refined grains,

SNAP policies do not.⁴⁸ In 2008, Congress mandated that SNAP-Education curriculum align with the DGA; however, no concomitant standard has been enacted for SNAP purchases. Thus, a mismatch between the government’s guidance and instruction and the nutrition available through SNAP becomes apparent. Meanwhile, with the aim of advancing the nutritional quality of participants’ diets, other federal nutrition assistance programs must adhere to the USDA’s evidence-based DGA. Specifically, pursuant to the Healthy, Hunger-Free Kids Act of 2010, foods provided by programs such as the Women, Infants and Children (WIC) Program, the National School Lunch Program (NSLP) and School Breakfast Program (SBP), among others, are required to conform to the most recent DGA.⁴⁹

In fact, SNAP is the only federal nutrition assistance program that does not regulate the quality of foods offered *and* the only one to subsidize the purchase of SSBs. Other programs have rigorous nutrition requirements, which the Healthy, Hunger-Free Kids Act of 2010 augmented, for allowable foods. For example, the WIC program limits purchases to a specific package of foods determined by the Institute of Medicine (IOM) to be nutritious and protective against health problems. The WIC program also grants state agencies considerable discretion to further regulate requirements.^{50,51} For federally-subsidized school meal programs (NSLP and SBP), the nutrient-based “Foods of Minimal Nutritional Value” (FMNV) standard is used to identify and prohibit from sale foods that “make the least contribution to a healthy diet.”²¹ Based on the concentration of eight nutrients (protein, vitamins A and C, riboflavin, thiamine, calcium, and iron) per serving or per 100 calories, FMNVs include soda water (carbonated beverages), water ices, chewing gum, and certain candies (hard candies, jellies and gums, marshmallow candies, fondant, licorice, spun candies and candy-coated popcorn).⁵² Criteria similar to those used in WIC or the school meal programs could be

applied to SNAP to improve the nutrition of food consumed by participants. New York asserted that its waiver request was “...inspired in large part by USDA’s own guidelines for defining what is and is not nutritious...”⁴⁶

Given general consensus that SSBs contain no beneficial nutrients, a categorical ban on SSBs such as that proposed by New York would largely circumvent the challenges of determining product ineligibility based on nutrient composition (the level at which the presence of desirable nutrients outweighs that of nutrients to be avoided).²¹ According to NYC officials, “sugar-sweetened beverages are easier than most foods to define as non-nutritious.”⁵³ And, recognizing that “most soft drinks are not a significant source of any nutrient other than sugars,” the USDA restricts their availability in other nutrition assistance programs, thus setting precedent for the policy. Such a policy would be consistent with the DGA’s recommendation to reduce intake of added sugar and SSBs based on “strong evidence (showing) that children and adolescents who consume more sugar-sweetened beverages have higher body weight compared with those who drink less...”⁴⁸

Indeed, epidemiological evidence indicates that SSB consumption contributes to obesity, weight gain, and type 2 diabetes.^{6,54} Recent prospective studies^{55,56} and randomized controlled trials⁵⁷⁻⁵⁹ have consistently reported a positive association between SSB intake and calorie intake,⁶⁰ body weight, and weight change in children and adolescents. Ludwig et al. observed that each additional daily serving of SSBs increased children’s odds of obesity by 60 percent.⁵⁶ In a 2009 meta-analysis, Malik et al.⁵⁴ concluded that “discouraging consumption of sugary beverages is an important way to achieve and maintain a healthy body weight in children and adults.”

Agency-based inquiries have yielded analogous results. Based on its systematic review of the literature, the 2010 Dietary Guidelines Advisory Committee, appointed by

the USDA, determined that “strong evidence supports the conclusion that greater intake of sugar-sweetened beverages is associated with increased adiposity in children.”⁶¹ Lastly, in its 2010 evidence-based report, *Taxing Caloric Sweetened Beverages: Potential Effects on Beverage Consumption, Calorie Intake, and Obesity*, the USDA recognized reducing consumption of SSBs (via economic policies) as a potential mechanism to mitigate obesity.⁶² In sum, prohibiting SSBs from SNAP purchases obviates the USDA’s concerns, corresponds with evidence-based nutrition guidance applied to other nutrition assistance programs and removes a product associated with increased risk of obesity and diabetes.

2.) Stigmatization of SNAP Participants

Point. The USDA, the IOM and anti-hunger advocates have expressed concern that additional purchase restrictions could result in confusion, embarrassment, and/or stigmatization of SNAP participants. Rejection of a purchase at the check-out counter of an item mistakenly thought to be eligible could lead to participants feeling embarrassed or stigmatized.²¹ In turn, embarrassment or perceived stigmatization may discourage eligible individuals from participating in the program. Specifically, in its response to Minnesota’s waiver request, the USDA wrote, “We...remain very concerned that approval of any such waiver could have negative consequences for program participants, including reintroduction of a stigma of participation that implementation of EBT helped to eliminate. Further, such a program could add confusion and embarrassment at the point of sale when program recipients attempt to purchase food items once allowable but now deemed ineligible.”⁴⁵ In the same vein, the IOM reasoned in its 2012 report *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* commenting that SNAP restrictions “...raise ethical and social justice concerns related to potential infringement on freedom of choice of SNAP participants. From this perspective, limiting food choices for SNAP recipients may

be viewed as patronizing and discriminatory to low-income consumers.”⁶³

In corroboration, the anti-hunger organization Food Research and Action Center (FRAC) declared in a 2012 report that “program administrators and advocates have worked for decades to reduce the stigma associated with SNAP participation and to reduce such program complexities that lead to confusion and frustration on the part of participants... keeping out of the program, due to increased stigma, those at greatest risk of food insecurity is self-defeating whether one’s concern is hunger, obesity, or, appropriately, both.”⁶⁴

Counterpoint. New York retorted in its 2010 waiver request that since SNAP currently prohibits certain items (e.g., alcohol and hot and prepared foods), participants are familiar with purchase restrictions and the point-of-sale process that can require supplementation with non-SNAP funds.⁴⁶ Since additional restrictions would not fundamentally alter the checkout experience, “The extension of the list of prohibited items (would) not create any stigma that does not already exist.”⁵³ Moreover, information campaigns notifying the public by mail in advance and posters displayed at SNAP offices and retail outlets would minimize chance of stigma.

The concerns of stigma raised by the USDA, IOM and anti-hunger organizations are conjectural and warrant consideration of those who would be impacted by the proposed policy change. Recent survey research suggests that stigma may not concern SNAP participants themselves. A national telephone survey conducted in April, 2012 found that a majority of SNAP participants supported banning SSBs from purchase with SNAP benefits suggesting that participants do not view such a policy as discriminatory nor anticipate feeling confused or embarrassed.² Future surveys could investigate whether imposition of restrictions would influence eligible individuals’ decisions to participate in the program. Or, a demonstration project could

provide an opportunity to elicit feedback from participants’ about their actual experiences and whether the policy would affect participation rates.

While the effect of purchase restrictions on stigmatization of SNAP participants is unknown, stigma associated with being overweight is well-established.⁶⁵ Overweight and obese individuals are more likely to report interpersonal and work-related discrimination, which may detrimentally impact psychological well-being and life opportunities.⁶⁶ Research indicates that stigmatization of overweight is also highly prevalent among children. Children express negative attitudes toward and demonstrate less acceptance and greater disapproval of overweight and obese children.⁶⁷⁻⁶⁹ The goal of proposed restrictions, to help low-income individuals eat a healthy diet and avoid excess adiposity, may help reduce such stigma.⁷⁰

3.) Implementation Costs

Point. The USDA claims that new restrictions would require greater government bureaucracy which would increase program costs.²¹ Given the scale of the American food supply, determining the eligibility status of every item on the market would require significant resources. Alternatively, if the burden were placed on private industry (food manufacturers and producers), costs incurred might shift to consumers in the form of higher food prices. Informing retailers of changes and enforcing compliance would also be resource-intensive. A greater number of ineligible items would increase opportunities for non-compliance and thus expand the need to monitor and enforce violations. Lastly, outreach efforts to notify SNAP participants of newly restricted items would entail costs.

Additionally, small stores and specialty markets lacking electronic scanning and inventory control systems would be disproportionately affected by the imposition of new restrictions. Such policy changes would present “a major employee training

challenge for those entities” and confusion over item eligibility could reduce productivity at their check-out counters.²¹

Counterpoint. Supporters of SNAP purchase exclusions affirm that implementation would not increase costs because operational infrastructure already exists. Because most retailers use EBT systems, additional purchase restrictions would merely involve reprogramming point-of-sale (POS) systems to include additional Universal Product Codes (UPC).^{46,71} Retailers using manual methods would simply need to inform staff of changes. Since reprogramming and staff training already occur regularly with product changes and staff turnover, additional restrictions would not entail significantly greater costs.⁴⁶ Moreover, “Retailers are accustomed to charging eligible items to a customer’s EBT card and giving the customer a bill for the remaining balance” so alteration of eligible products would not change the checkout counter experience.⁵³ Also, compliance violation fines could cover any costs of extra oversight.

In addition, astronomical costs of obesity-related illnesses, estimated at \$190.2 billion in the U.S. annually (with childhood obesity alone accounting for \$14.1 billion annually) could be reduced.⁶³ NYC officials argue that “the federal government spends hundreds of millions of dollars to prevent obesity and diabetes. It shouldn’t simultaneously subsidize the largest single contributor to those conditions.”⁵³ Potential reductions in SSB consumption and associated chronic illnesses among SNAP participants, whose medical costs are more likely borne by taxpayers (via Medicare and Medicaid) could offset any implementation expenses and save taxpayers money.⁷¹ According to data from a large supermarket chain, soda accounted for 6.19 percent of SNAP redemptions and SNAP participants purchased 40 percent more soda than non-participants.⁷²

Therefore, as a result of current policy, taxpayers subsidize billions of dollars of soda annually. While the USDA does not

collect data on types and quantities of items purchased with SNAP benefits, conservative estimates based on grocery store transaction data suggest that participants collectively redeem \$2 million of benefits for SSBs annually.⁷³ Other estimates suggest that the government purchases \$4 billion worth of SSBs each year through the SNAP program.⁷² Interpreted by Ludwig et al.,⁸ “the public pays for sugary drinks, candy and other junk foods included in SNAP benefits twice: once at the time of purchase, and later for the treatment of diet-induced disease through Medicaid and Medicare.”

Finally, purchase restrictions on unhealthy items would align SNAP with federal nutrition guidance and education efforts to support healthy dietary patterns rather than undermine the federal spending on these initiatives. Barnhill argues that “...funding SNAP participants’ purchases of sweetened beverages is a notably inefficient and counterproductive use of federal nutrition and wellness program resources.”⁷⁰ In sum, restricting SSBs from SNAP eligibility offers a cost-effective means to combat poor nutrition and obesity among low-income Americans.

4.) Effect on Participants’ Purchases

Point. The USDA argues, “it is not clear that a limit on the acceptable uses of food stamp benefits would actually change the nutrition profile of food purchases.”²¹ Since most participants (approximately 70%) are expected to spend a portion of their own money on food purchases, restricting the use of SNAP benefits for certain items may not impact overall purchases. Participants could simply substitute an alternative form of payment (e.g. cash or credit) for SNAP benefits to purchase ineligible items. Given this possibility, “...it is difficult to justify the substantial cost and other burdens associated with identifying and enforcing new food restrictions...”

Counterpoint. A demonstration project such as that proposed by New York would provide the ideal opportunity to

evaluate whether itemized restrictions change consumption and whether statutory revisions are warranted. Proponents maintain, “we won’t know whether this policy change can reduce the purchase and consumption of sugary drinks unless we try it and evaluate the impact.”⁵³ Supporters also argue that even a small reduction in consumption would have meaningful health benefits. Further, restricting unhealthy items would liberate benefits for the purchase of healthy items.

Economic analyses suggest that consumers’ purchase behavior is sensitive to price changes; therefore, raising the price of SSBs would reduce purchase and consumption.⁶² The federal government has used financial disincentives to discourage unhealthy behavior such as tobacco smoking and excessive alcohol consumption.⁷⁰ Since Congress exempted food stamp purchases from sales tax in 1985,⁷⁴ SSBs purchased with SNAP benefits are not subject to sales tax (imposed by 40 states),⁴⁴ and are therefore cheaper than those purchased with other forms of payment.⁷⁵ Hence, disallowing the purchase of SSBs with SNAP benefits would effectively increase their price (by as much as 7 percent in some states).⁷⁶ A 2010 review of the economic literature found that a 10 percent increase in the price of SSBs predicted a 7.8 percent reduction in consumption and a report by the beverage industry informed that a price increase of 6.8% reduced sales by 7.8 percent.⁴⁴ Thus, excluding SSBs from the SNAP eligible list could discourage consumption and promote healthy weight.

5.) SNAP Participation, Diet Quality and Obesity

Point. In 2007, the USDA claimed that “no evidence exists that food stamp participation contributes to poor diet quality or obesity.”²¹ Since program participants are no more likely to choose foods with low nutritional value, “the basis for singling out low-income food stamp recipients and restricting their food choices is not clear.” Based on 1999-2002 National Health and

Nutrition Examination Survey (NHANES) data, the USDA affirmed that SNAP participants are no more likely to consume soft drinks and are less likely to consume sweets and salty snacks compared to high-income individuals. Moreover, the agency contends that since many factors influence food choices, “Restricting the use of food stamp benefits would change only one variable in the complex calculus that results in a more—or less—healthful diet.”²¹

Counterpoint. It is inappropriate for the government to support the consumption of a substance that has devastating health consequences.⁴⁶ Furthermore, the program should strive not only to prevent poor diet, but to promote healthy diet. Ludwig et al.⁸ advocates, “...SNAP could provide a major opportunity to reduce the burden of diet-related disease among low-income children and families if policies that promote nutritional quality (were) instituted.”⁸

More recent data reveals disparities in diet quality and obesity by SNAP participation status. Specifically, a study of 1999-2004 NHANES data comparing low-income participants to low-income non-participants found that participants consumed more SSBs and had lower diet quality according to the Healthy Eating Index-2005 than those eligible but not participating.⁷⁷ Children participating in the program had higher levels of overweight and obesity than both income-eligible and non-eligible children. A 2012 analysis of 1999-2008 NHANES corroborated the findings that SNAP participants exhibit lower quality diets.⁷⁸ Hence, empirical data suggests that SNAP participation is associated with lower diet quality⁷⁸ and obesity.⁷⁹

6.) Alternative Strategies to Promote Healthier Food Choices

Point. Claiming that “there are better ways to work towards the goal of healthier diets that do not require such restrictions,” the USDA has expressed preference for incentivizing purchases of healthy items and expanding and strengthening nutrition

education “...to make sure participants have the knowledge, skills, and motivation they need to make healthy choices.”²¹ The agency purports these strategies to be more practical and likely more effective than restrictions in promoting good nutrition and protecting against obesity. In its denial letter to NYC, the agency claimed that the “USDA has a longstanding tradition of supporting and promoting incentive-based solutions to the obesity epidemic, especially among SNAP recipients.”⁸⁰

Counterpoint. Financial incentives and nutrition education programs may not affect consumption patterns and these strategies entail known and substantial costs. While incentives may promote consumption of healthy foods, they are not likely to alter consumption of unhealthy foods.⁴⁸ Nutrition knowledge may not lead to healthy diet in an environment that conspires against it, especially among individuals lacking financial resources.⁸¹ In fact, the 2010 DGAs recognize that food choices reflect the interaction of myriad factors, depicted in *A Social Ecological Framework for Nutrition and Physical Activity Decisions*.⁴⁸ The model illustrates how individual and environmental factors such as knowledge and social norms interact with food, beverage and marketing industry influences to shape behavior, and advocates the need for “...comprehensive interventions at all levels” that “...should extend well beyond providing traditional education to individuals and families about healthy choices...”⁴⁸

III. Discussion

Invigorated by states’ waiver requests, the debate regarding whether to restrict unhealthy purchases with SNAP benefits has involved discussion of a range of potential implications. Public health and food policy experts such as Kelly Brownell,⁷¹ Walter Willet,¹ Marion Nestle,⁸² Mark Bittman⁸³ and Michael Pollan,⁸⁴ along with public interest groups including the Robert Wood Johnson Foundation⁷¹ and the Center for Science in the Public Interest⁸⁵ have

advocated for restructuring SNAP to address the 21st century public health challenges of poor quality diet, overweight and obesity, and related disease. In June, 2013, the American Medical Association expressed support for making sugar-sweetened beverages ineligible for purchase with SNAP benefits. Thereafter, in August, 2013, over 50 prominent organizations and over 20 physicians and research scientists signed a letter to the Secretary of Agriculture beseeching that states be given permission to test to improve the nutritional quality of SNAP purchases.

Proponents’ efforts have been thwarted by USDA inaction and opposition, and lobbying by anti-hunger groups and private corporations.^{1,86} Food and beverage industries that benefit from SNAP purchases have joined the “hunger lobby” to promote “the preservation of food choice” and influence USDA decisions.⁸⁶ States’ proposals to restrict unhealthy items from SNAP catalyzed substantial lobbying by corporations such as the American Beverage Association, the National Confectioners Association, Cargill, the Snack Food Association, the Food Marketing Institute, Walmart, and the Grocery Manufacturers Association, among others.⁸⁶ Corporate opposition has raised concern regarding the political feasibility of enacting restrictions, which has prompted the exploration and pursuit of “less controversial” SNAP-based strategies to encourage healthy diets.⁷²

Conclusion

The USDA’s 2007 position statement culminated in the assertion that, “as the problems of poor food choices, unhealthy diets, and excessive weight characterize all segments of American society, the basis for singling out low-income food stamp recipients and imposing unique restricting on their food choices is not clear”²¹ In response, NYC reasoned that benefit restrictions in SNAP is just one of many anti-obesity initiatives, and others similarly target specific populations.^{46,53}

Weighing the arguments and considering the relevant literature as well as

the magnitude and gravity of the obesity epidemic, it is concluded that restrictions on the purchase of unhealthy items with SNAP benefits are warranted. While the arguments presented in opposition of restrictions are mainly sound and deserving of attention in the implementation process, they are countered with robust and convincing responses and supporting science. At a minimum, the efficacy of restriction policies should be tested and states should be authorized to conduct pilot projects. On account of their deleterious nutritional profile and direct link with obesity, SSBs in particular merit exclusion from the SNAP eligibility list. Removing SSBs from the list of allowable items is consistent with federal dietary guidance and the precedent for not allowing SNAP benefits to be redeemed for

products that pose threats to participants' health and costs to society.

Restrictions should be implemented in conjunction with other proposed SNAP policy reforms such as incentives for healthy purchases and mandatory nutrition education courses. Since the nutritional wellbeing and weight status of Americans impacts healthcare expenditures, economic productivity and national security, adequate allocation of financial resources is paramount. The government could implement an excise tax on SSBs, albeit equally controversial, and use the generated revenue to offset the costs of SNAP initiatives. The childhood obesity epidemic is a national crisis and we need immediate, bold policies to address it.

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Kelly's research interests lie in nutrition policy, specifically in using rigorous, collaborative and interdisciplinary methodology to inform and promote evidence-based policies and systems-level change. She is particularly interested in understanding the human health and environmental impacts of the extant food environment and in utilizing federal nutrition assistance programs and schools as conduits to promote health at the population level.