

## 2018 Farm Bill: Supporting Healthy Eating through the Supplemental Nutrition Assistance Program (SNAP)

### 2018 Farm Bill Recommendations

- Provide research funds to develop and evaluate strategies to improve the dietary patterns and health of SNAP participants
- Add diet quality as a core SNAP objective
- Improve SNAP data collection
- Provide at least \$100 million for Food Insecurity Nutrition Incentives (FINI) grants
- Provide at least \$421 million (FY2018 funding level) for SNAP Nutrition Education (SNAP-Ed)
- Oppose cuts to SNAP funding or proposals that would decrease access, including USDA's proposed America's Harvest Box

### Opportunity to Improve Health in the Farm Bill

SNAP is effective at addressing food security, reducing poverty, responding to natural disasters and economic downturns, and providing economic stimulus—every \$1 spent generates \$1.80 in economic activity.<sup>4</sup> However, research fails to show that SNAP improves dietary quality.<sup>5</sup> This represents a missed opportunity to support healthier eating for millions of American adults and children. Consider the evidence:

- Dietary quality for low-income Americans is poor regardless of participation in SNAP.<sup>6</sup> Healthy Eating Index (HEI) scores for adult SNAP participants are no better (47 out of a possible 100 points) than income-eligible adults who do not receive SNAP benefits (51 points).<sup>7</sup> (HEI is a USDA measure of diet quality based on the Dietary Guidelines for Americans.)
- A meta-analysis of 25 studies found SNAP participants' dietary quality did not differ from that of income-eligible non-participants.<sup>8</sup>
- Low-income Americans are disproportionately impacted by diet-related disease including diabetes and hypertension.<sup>9,10</sup>

In 2017, the Supplemental Nutrition Assistance Program (SNAP) provided over \$63 billion in benefits to approximately 42 million Americans with over 260,000 participating retailers (SNAP benefits are used at the majority of supermarkets, large and small grocery stores, convenience and specialty stores, and farmers markets).<sup>1</sup> SNAP makes up the largest share of Farm Bill spending: about 80 percent (\$390 billion) of the total Farm Bill over FY2014-FY2018.<sup>2</sup> With the improving economy, SNAP spending has decreased by \$27 billion from FY2014-FY2016, providing cost savings for the 2018 Farm Bill.<sup>3</sup>

## Farm Bill Recommendation: Research to Uncover Effective Healthier Eating Strategies

We recommend dedicating a pool of research funds to develop and evaluate strategies to improve the dietary patterns and health of SNAP participants. Currently no such dedicated research funding exists. Studies must have a rigorous evaluation component that would assess the impact on diet and health, as well as participant and retailer attitudes, retailer operability, participation rates, and stigma, and be voluntary for SNAP participants and retailers. Studies could not limit participation (such as restricting eligibility) or decrease access to healthy food. Healthier eating strategies might include: retail marketing approaches, stocking standards, incentives, disincentives, and more effective integration with SNAP Nutrition Education (SNAP-Ed).

### Bright Ideas: What Kinds of Healthier Eating Strategies?

The 2015 National Commission on Hunger, a bipartisan congressional commission, recommended incentives, retail marketing strategies, strengthening SNAP-Ed, and excluding sugar-sweetened beverages as ways to better support healthy eating through SNAP.<sup>11</sup> The Bipartisan Policy Center's SNAP Task Force made similar recommendations and requested \$100 million for research on ways to better support healthy eating through SNAP.<sup>12</sup> Funding could test healthier eating strategies to establish evidence-based approaches to improve the health of SNAP participants, such as:

#### *Incentivizing fruit and vegetable purchases*

- The 2014 Farm Bill authorized \$100 million for Food Insecurity Nutrition Incentives (FINI) grants to increase fruit and vegetable purchases. FINI is modeled off the Healthy Incentives Pilot (HIP), authorized in the 2008 Farm Bill. The HIP evaluation found participants consumed almost a quarter of a cup more fruits and vegetables, which is both statistically significant and large enough to be nutritionally relevant.<sup>13</sup> Studies done by non-profits such as the Food Trust, Wholesome Wave, Fair Food Network, and others, show an even bigger effect.<sup>14</sup> Research on incentives shows that participants report eating and trying more fruits and vegetables and farmers markets report increased sales.<sup>15</sup>
  - We recommend that the Farm Bill provide at least \$100 million for FINI.
- With additional healthy SNAP research funds, researchers, retailers, and the fruit and vegetable industry could test other approaches to increasing fruit and vegetable intake. FINI only provides fruit and vegetable incentives at the point of sale. Ideas might include optimizing the produce section in grocery stores, using price discounts, and promotions, such as placing arrows on the floor pointing customers to fruit and vegetables<sup>16</sup> or prompts on shopping carts.

### *Maximizing SNAP Nutrition Education investment*

- SNAP-Ed is an evidence-based program that teaches people using or eligible for SNAP about good nutrition, stretching their food dollars, and physical activity. Additional research could test novel healthier eating strategies through or coordinated with SNAP-Ed.
  - We recommend that the Farm Bill provide at least \$421 million (FY2018 funding level) for SNAP-Ed.

### *Working with retailers to support healthy eating*

- Innovative promotions: How foods are placed on shelves and in displays, priced, and promoted influence sales and consumption. Researchers could work with grocers and other food retailers to test no- to low-cost strategies to promote healthier foods, such as placing healthier food in more prominent locations (e.g., at eye-level or in displays); maximizing produce sales through placement, pricing, or promotions; innovative signage, such as placing arrows on the floor directing customers to healthier items; price discounts; pairing certain foods together; and other promotions.
- Increase access to healthy options: It is hard to eat what is not readily available. In addition, studies show that variety affects food choices.<sup>17</sup> In order to participate in SNAP, retailers only need to stock 36 staple food items (4 staple food categories x 3 varieties x 3 stocking units). Prior to 2018, SNAP retailers only stocked 12 staple food items (4 x 3 x 1). The 2014 Farm Bill increased the number of varieties from 3 to 7.<sup>18</sup> However, an appropriations rider prevents USDA from implementing this increase in access to healthier food.
  - Retailers could test a number of recommendations, such as implementing the Robert Wood Johnson Foundation's Healthy Eating Research's preferred minimum stocking levels,<sup>19</sup> the 2014 Farm Bill statutory level of varieties (7 instead of 3), or an increased depth of stock (such as 6 stocking units instead of 3, as recommended in USDA's 2016 proposed rule)<sup>20</sup> to assess the effect on dietary quality and impact on retailers.

### *Testing not counting soda as a food in SNAP*

- Not counting sugar-sweetened beverages (SSBs) such as soda as a food eligible for SNAP purchases could reduce obesity and type-2 diabetes, according to one study.<sup>21</sup> This economic model found that disallowing SSB purchases through SNAP would prevent at least 281,000 adults and 141,000 children from becoming obese, and 34,500 cases of adult type-2 diabetes.
  - Soda and other SSBs provide approximately half of all added sugars intake and is a top source of calories in Americans' diet.<sup>22</sup> A typical 20-ounce bottle of regular cola contains 16 teaspoons of sugar, more than is recommended by the Dietary Guidelines for Americans (12 teaspoons of added sugar in a day).<sup>23</sup>

Consumption of SSBs has been linked to obesity, diabetes, tooth decay, and heart disease.<sup>24,24</sup>

- As much as \$4 billion a year (2010) in SNAP benefits nationally are spent on soda and other nutritionally devoid SSBs, contributing to obesity and diverting funds from healthier food.<sup>25</sup>
- Another study estimated that SSBs account for 58 percent of beverages purchased by SNAP households and SNAP benefits paid for 72 percent of the SSB purchases made by SNAP households.<sup>26</sup> According to USDA data, about 10 percent of SNAP benefits went to SSBs in 2011 (most recent data available).<sup>27</sup>
- The majority of Americans (67 percent) think soda should not be counted as food and eligible for purchase using SNAP benefits (60 percent of Democrats, 79 percent of Republicans, 67 percent of Independents), according to a recent national poll released by CSPI.<sup>28</sup> Support increases when combined with additional benefits or incentives: 76 percent support (80 percent of Democrats, 76 percent of Republicans, 72 percent of Independents), and among SNAP beneficiaries (77 percent).
- A Minnesota study examined the effects of pairing incentives with disallowing SSBs (and other unhealthy food items) on food and nutrient intake.<sup>29</sup> The study found significant differences in both the incentive-only and disallowance-only groups (disallowed purchase of SSBs, sweet baked goods, and candies through SNAP) but found a bigger effect in the combined group (incentives combined with disallowance). Several favorable changes in diet were observed including: reduced calorie intake; reduced intake of SSBs, sweet baked goods, and candies; increased intake of (whole) fruit; and improved Healthy Eating Index scores.

## **Add diet quality as a core SNAP objective**

SNAP has a strong track record of meeting its current core objectives: (1) food security and (2) fiscal integrity. As the nation's largest federal nutrition program, improving dietary quality should be added as a third objective. As recommended by the Bipartisan Policy Center's SNAP Task Force, USDA should report periodically on the quality of SNAP recipients' diets and any policy changes that have been made to improve diet quality and nutrition.

## **Improve SNAP data collection**

The USDA does not currently have the authority to collect store-level SNAP food-purchase data, making it difficult to evaluate diet quality and purchasing patterns of SNAP recipients. This data could be used for more effective state and local interventions and SNAP-Ed programming. Many SNAP retailers are equipped to collect this information and already do for their own purposes. The information would be collected in a manner that protects the privacy of individual recipients.

**For more information, contact the Center for Science in the Public Interest at 202-777-8352 or [policy@cspinet.org](mailto:policy@cspinet.org) or visit [www.CSPInet.org/healthierSNAPresearch](http://www.CSPInet.org/healthierSNAPresearch).**

## References

---

- <sup>1</sup> U.S. Department of Agriculture, Food and Nutrition Service. Supplemental Nutrition Assistance Program (SNAP) National Level Annual Summary. February 2018. Accessed at: <https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap>.
- <sup>2</sup> Congressional Research Service. What Is the Farm Bill? CRS 7-5700: RS22131. Washington, DC: CRS, October 5, 2017.
- <sup>3</sup> Ibid., Congressional Research Service.
- <sup>4</sup> U.S. Department of Agriculture, Food and Nutrition Service. Building a Healthy America: A Profile of the Supplemental Nutrition Assistance Program. April 2012. Accessed at: <https://fns-prod.azureedge.net/sites/default/files/BuildingHealthyAmerica.pdf>.
- <sup>5</sup> Andreyeva T, Tripp AS, Schwartz MB. Dietary Quality of Americans by Supplemental Nutrition Assistance Program Participation Status. *Am J Prev Med*. 2015;49:594-604. doi: [10.1016/j.amepre.2015.04.035](https://doi.org/10.1016/j.amepre.2015.04.035).
- <sup>6</sup> Ibid., Andreyeva T, Tripp AS, Schwartz MB.
- <sup>7</sup> U.S. Department of Agriculture, Economic Research Service. Supplemental Nutrition Assistance Program (SNAP) Participation Leads to Modest Changes in Dietary Quality. Washington, DC: USDA, April 2013. Service; April 2013.
- <sup>8</sup> Ibid., Andreyeva T, Tripp AS, Schwartz MB.
- <sup>9</sup> Centers for Disease Control and Prevention. Diabetes—United States, 2006 and 2010. *MMWR Suppl*. 2013;62:97-102. Accessed at: [https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a17.htm?s\\_cid=su6203a17\\_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a17.htm?s_cid=su6203a17_w).
- <sup>10</sup> Centers for Disease Control and Prevention. Prevalence of Hypertension and Controlled Hypertension—United States, 2007–2010. *MMWR Suppl*. 2013;62:144-48. Accessed at: [https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a24.htm?s\\_cid=su6203a24\\_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a24.htm?s_cid=su6203a24_w).
- <sup>11</sup> National Commission on Hunger. Freedom from Hunger: An Achievable Goal for the United States of America. 2015. Accessed at: <https://hungercommission.rti.org/>.
- <sup>12</sup> Bipartisan Policy Center. Leading with Nutrition: Leveraging Federal Programs for Better Health. March 2018. Accessed at: <https://bipartisanpolicy.org/wp-content/uploads/2018/03/BPC-Health-Leading-With-Nutrition.pdf>.
- <sup>13</sup> U.S. Department of Agriculture, Food and Nutrition Service. Evaluation of the Healthy Incentives Pilot (HIP): Final Report. Prepared by Abt Associates for the U.S. Department of Agriculture, Food and Nutrition Service. September 2014. Accessed at: <https://www.fns.usda.gov/snap/healthy-incentives-pilot-final-evaluation-report>.
- <sup>14</sup> Ibid., The Community Science Evaluation Group.
- <sup>15</sup> The Community Science Evaluation Group. Healthy Food Incentives Cluster Evaluation: 2011 Final Report. Gaithersburg, MD: Community Science Evaluation Group, 2011.
- <sup>16</sup> Payne CR, Niculescu M, Just DR, Kelly MP. This Way to Produce: Strategic Use of Arrows on Grocery Floors Facilitate Produce Spending without Increasing Shopper Budgets. *J Nutr Educ Behav*. 2016;48:512-13. doi: [10.1016/j.jneb.2016.05.001](https://doi.org/10.1016/j.jneb.2016.05.001).
- <sup>17</sup> Escaron AL, Meinen AM, Nitzke SA, Martinez-Donate AP. Supermarket and Grocery Store-based Interventions to Promote Healthful Food Choices and Eating Practices: A Systematic Review. *Prev Chronic Dis*. 2013;10:E50. doi: [10.5888/pcd10.120156](https://doi.org/10.5888/pcd10.120156).

---

<sup>18</sup> Pub.L. 113–79.

<sup>19</sup> Laska MN, Pelletier JE. Minimum Stocking Levels and Marketing Strategies of Healthful Foods for Small Retail Food Stores. Durham, NC: Healthy Eating Research, 2016.

<sup>20</sup> 81 Fed. Reg. 31,8015-8021 (February 17, 2016).

<sup>21</sup> Basu S, Seligman HK, Gardner C, Bhattacharya J. Ending SNAP Subsidies for SSBs Could Reduce Obesity and Type 2 Diabetes. *Health Aff.* 2014;33;1032-1039. doi: [10.1377/hlthaff.2013.1246](https://doi.org/10.1377/hlthaff.2013.1246).

<sup>22</sup> U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. 8th Edition. Washington, DC; U.S. Department of Health and Human Services and U.S. Department of Agriculture, December 2015. Accessed at: <http://health.gov/dietaryguidelines/2015/guidelines>.

<sup>23</sup> Ibid., HHS and USDA.

<sup>24</sup> U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000.

<sup>25</sup> Shenkin JD, Jacobson MF. Using the Food Stamp Program and Other Methods to Promote Healthy Diets for Low-Income Consumers. *Am J Public Health.* 2010;100;1562–1564. doi: [10.2105/AJPH.2010.198549](https://doi.org/10.2105/AJPH.2010.198549).

<sup>26</sup> Andreyeva T, Luedicke J, Henderson KE, Tripp AS. Grocery Store Beverage Choices by Participants in Federal Food Assistance and Nutrition Programs. *Am J Prev Med.* 2012;43(4);411-418. doi: [10.1016/j.amepre.2012.06.015](https://doi.org/10.1016/j.amepre.2012.06.015).

<sup>27</sup> United States Department of Agriculture. Foods Typically Purchased by Supplemental Nutrition Assistance Program. November 2016. Accessed at: <https://fns-prod.azureedge.net/sites/default/files/ops/SNAPFoodsTypicallyPurchased-Summary.pdf>.

<sup>28</sup> Center for Science in the Public Interest. Poll conducted by Caravan ORC. Sample of 1,007 adults conducted January 18-21, 2018.

<sup>29</sup> Harnack L, Oakes JM, Elbel B, Beatty T, Rydell S, French S. Effects of Subsidies and Prohibitions on Nutrition in a Food Benefit Program: A Randomized Clinical Trial. *JAMA Intern Med.* 2016;176(11);1610-1618. doi: [10.1001/jamainternmed.2016.5633](https://doi.org/10.1001/jamainternmed.2016.5633).