

July 10, 2020

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RE: Agency Information Collection Activities: Supplemental Nutrition Assistance Program (SNAP) Waiver Requests To Offer Incentives to SNAP Recipients at SNAP Authorized Stores (FNS-2020-0008)

Dear Ms. Robinson:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit comments to the Retailer Management and Issuance Branch of the Retailer Policy and Management Division of the U.S. Department of Agriculture related to its proposed information collection, “Supplemental Nutrition Assistance Program (SNAP) Waiver Requests To Offer Incentives to SNAP Recipients at SNAP Authorized Stores,” published in the Federal Register originally on May 11, 2020. Representing more than 104,000 registered dietitian nutritionists (RDNs);¹ nutrition and dietetic technicians, registered (NDTRs); and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the United States and is committed to improving the nation’s health through food and nutrition.

The Academy supports efforts to streamline and improve the efficiency for submission of waiver requests to offer incentives to SNAP recipients at SNAP authorized stores. The Academy recognizes that the pandemic has disproportionately impacted marginalized and minoritized communities and it is critical to ensure that delivery of effective programs to improve dietary intake for those at greatest risk for food insecurity and complications of COVID-19, like SNAP incentive programs, have as few barriers to implementation as possible.

A. Academy Position on Food Insecurity

The Academy is committed to improving the health of Americans by ensuring access to a nourishing, safe and affordable food supply. The dietetics practitioner and nutrition educators consider the health, safety and welfare of the public at all times. The Academy’s guiding principle is our commitment to improving health for all, especially those most

¹The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

susceptible to food insecurity. It is the position of the Academy that systematic and sustained action is needed to achieve food and nutrition security in the United States. To achieve food security, effective interventions are needed, along with adequate funding for, and increased utilization of: food and nutrition assistance programs; inclusion of nutrition education in such programs; strategies to support individual and household economic stability; and research to measure impact on food insecurity and health related outcomes.²

The Academy is particularly concerned about the disproportionate impact the COVID-19 pandemic has had on communities of color due partially to limited access to healthy food and proper health care. The Centers for Disease Control and Prevention have reported that people from racial and ethnic minority groups are being hospitalized and dying from COVID-19 at much higher rates than white people. These same communities already were far more likely to experience food insecurity. Add rising unemployment and widespread uncertainties about the future, and the pandemic has only made the situation worse.

B. SNAP Reduces Food Insecurity and Improves Health Outcomes

SNAP is an effective and efficient program, and given the improved health and reduced health care costs associated with reductions in food insecurity, the Academy encourages initiatives that ensure more eligible people are connected to and are benefitted by the program, which includes providing incentives to encourage purchases of healthy food. Food insecurity significantly impacts the health and well-being of individuals and is a risk factor for negative psychological and health outcomes.³ Food insecurity also increases the prevalence and severity of diet-related disease, such as obesity, type 2 diabetes, heart disease, stroke and some cancers.^{4,5,6}

Additionally, because of limited financial resources, those with food insecurity may use coping strategies to stretch budgets in a manner harmful for health, such as engaging in cost-related medication underuse or non-adherence,^{7,8,9} postponing or forgoing preventive services or needed medical interventions.

² Holben, D. (2010). Position of the American Dietetic Association: Food Insecurity in the United States. *Journal of the American Dietetic Association*, 110(9), 1368-1377.

³ Hartline-Grafton, H. (2017). *The Impact of Poverty, Food Insecurity, & Poor Nutrition on Health and Well-Being*. Washington, DC: Food Research & Action Center.

⁴ Franklin B. Jones, A., Love, D., Puckett, S., Macklin, J., & White-Means, S. (2012). Exploring mediators of food insecurity and obesity: a review of recent literature. *Journal of Community Health*, 37(1), 253-264.

⁵ Berkowitz, S., A., Karter, A., J., Corbie-Smith, G., Seligman, H. K., Ackroyd, S. A., Barnard, L. S., Atlas, S. J., & Wexler, D. J. (2018). Food insecurity, food “deserts,” and glycemic control in patients with diabetes: a longitudinal analysis. *Diabetes Care*, 19, 171981.

⁶ Gregory, C., A., & Coleman-Jensen, A. (2017). Food insecurity, chronic disease and health among working-age adults. *Economic Research Report*, 235. Washington, DC: U.S. Department of Agriculture, Economic Research Service.

⁷ Herman, D., Afulani, P., Coleman-Jensen, A., & Harrison, G. G. (2015). Food insecurity and cost-related medication underuse among nonelderly adults in a nationally representative sample: *American Journal of Public Health*, 105(10), 48-59.

⁸ Afulani, P., Herman, D., Coleman-Jensen, A., & Harrison G. G. (2015). Food insecurity and health outcomes among older adults: The role of cost-related medication underuse. *Journal of Nutrition in Gerontology and Geriatrics*, 34(3), 319-343.

⁹ Knight, C. K., Probst, J. C., Liese, A., D., Sercy, E., & Jones, S.J. (2016). Household food insecurity and medication “scrimping” among US adults with diabetes. *Public Health Nutrition*, 19(6), 1103-1111.

Research has shown that SNAP is effective at reducing food insecurity, with one estimate stating the program reduces food insecurity by approximately 30 percent.^{10,11,12, 13} Before the COVID-19 pandemic, nearly 37 million people experienced food insecurity in the United States;¹⁴ this number is expected to grow by 17 million, including 7 million children, in the wake of COVID-19.¹⁵

Research demonstrates that SNAP reduces health care utilization and costs.^{16,17,18} For example, a national study reveals that SNAP participation is associated with lower health care costs.¹⁹ On average, low-income adults participating in SNAP incurred health care costs nearly 25 percent lower over 12 months, including those paid by private or public insurance, than similarly situated adults not participating in SNAP.

SNAP improves child, adult and senior health outcomes, including physical and mental health.²⁰ It increases the probability of self-reporting “excellent” or “good health,”²¹ lowers the risk of poor glucose control for people with diabetes²² and has a protective effect on mental health.²³ SNAP also helps reduce stress for struggling individuals and families

¹⁰ Mabli, J., & Worthington, J. (2014). Supplemental Nutrition Assistance Program participation and child food security. *Pediatrics*, 133(4), 1-10.

¹¹ Ratcliffe, C., McKernan, S. M., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.

¹² Nord, M. (2012). How much does the Supplemental Nutrition Assistance Program alleviate food insecurity? Evidence from recent programme leavers. *Public Health Nutrition*, 15(5), 811-817.

¹³ Ratcliffe, C., McKernan, S. M., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.

¹⁴ Coleman-Jensen, A., Rabbit, M. P., Gregory, C. A. & Singh, A. (2018). Household food insecurity in the United States in 2017. Economic Research Service Report, 256, Washington, DC: U.S. Department of Agriculture, Economic Research Service.

¹⁵ Feeding America. The Impact of the Coronavirus on Local Food Insecurity.

https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf. Accessed on June 15, 2020.

¹⁶ Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.

¹⁷ Berkowitz, S. A., Seligman, H. K., Rigdon, J., Meigs, J. B., & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. *JAMA Internal Medicine*, 177(11), 1642-1649.

¹⁸ Seligman, H. K., Bolger, A. F., Guzman, D., Lopez, A., & Bibbins-Domingo, K. (2014). Exhaustion of food budgets at month's end and hospital admissions for hyperglycemia. *Health Affairs*, 33(1), 116-123.

¹⁹ Berkowitz, S. A., Seligman, H. K., Rigdon, J., Meigs, J. B., & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. *JAMA Internal Medicine*, 177(11), 1642-1649.

²⁰ Hartline-Grafton, H. (2017). *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*. Washington, DC: Food Research & Action Center.

²¹ Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.

²² Mayer, V. L., McDonough, K., Seligman, H., Mitra, N., & Long, J. A. (2016). Food insecurity, coping strategies and glucose control in low-income patients with diabetes. *Public Health Nutrition*, 19(6), 1103-1111.

²³ Leung, C. W., Epel, E. S., Willett, W. C., Rimm, E. B., & Laraia, B. A. (2015). Household food insecurity is positively associated with depression among low-income Supplemental Nutrition Assistance Program participants and income-eligible nonparticipants. *Journal of Nutrition*, 145(3), 622-627.

worried about finances, which is significant given the high correlation of stress with poor health outcomes.²⁴ This is particularly important in the wake of the COVID-19 pandemic.

C. The Academy Supports SNAP Incentive Programs

The Academy supports SNAP incentive programs which can stimulate economic development, create jobs and improve health in low-income, underserved communities and communities of color in urban and rural areas by supporting healthy food retailers to improve access to nutritious, affordable food.²⁵ Evidence suggests that incentivizing produce purchases through SNAP not only increases purchases but also consumption of these items.²⁶

As stated in this information collection request, “Farmer’s markets are already authorized to provide incentives to SNAP recipients under a blanket FNS waiver of the SNAP equal treatment provision, specifically for farmers’ markets. GusNIP grantees are authorized to provide incentives to SNAP recipients through GusNIP grant projects under 7 U.S.C. 7517 and, therefore, do not require a waiver to implement a SNAP incentive program. Only SNAP retailers that are not farmers’ markets or that are not offering incentives under a GusNIP grant are required to obtain individual waivers from FNS to provide incentives at authorized SNAP retailer locations to SNAP households.” This avenue to submit a waiver request is important because farmers’ markets and GusNIP grantees are already covered by statute, yet research demonstrates that incentive programs have broader uptake and larger effect sizes when implemented in supermarkets. Providing an efficient and effective way to submit and receive the SNAP Equal Treatment Waiver, especially for grocery stores not funded by GusNIP, is important because these types of stores are where the large majority of SNAP benefits are spent. Reduced access to farmer’s markets during COVID and a reluctance to shop in this type of community setting also make the case for retail. Therefore, grocery stores may be an effective way to increase the reach and use of fruit and vegetable incentives.²⁷

D. Effort to Improve Waiver Submission Process

1. *Necessity of proposed collection*: The Academy believes efforts to streamline incentive program implementation is necessary to help increase access to healthy food for food insecure households, especially in the wake of the COVID-19 pandemic.

²⁴ Juster, R-P., McEwen, B. S., & Lupien, S. J. (2010). Allostatic load biomarkers of chronic stress and impact on health and cognition. *Neuroscience and Biobehavioral Reviews*, 35(1), 2-16.

²⁵ Academy of Nutrition and Dietetics 2018 Farm Bill Priorities. <https://www.eatrightpro.org/advocacy/legislation/all-legislation/farm-bill#Priorities>. Accessed July 7, 2020.

²⁶ Strengthening the Public Health Impacts of the Supplemental Nutrition Assistance Program Through Policy. <https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-040119-094143>. *Annu. Rev. Public Health* 2020. 41:453–80

²⁷ IBID

2. Accuracy of estimated data collection burden: According to Academy members interviewed for this information collection request, the estimated burden on respondents may be an underestimation. For example, one program suggested it took close to four hours to collect the information outlined in the request which included: FNS numbers, store names and addresses from retailers.
3. Ways to enhance the quality, utility and clarity of the information to be collected: The Academy suggests creating a more uniform way to submit a SNAP Equal Treatment Waiver. For example, if a template was created and distributed nationwide, administrators may be able to review and approve requests more efficiently and share 'best practice' examples of waiver requests.
4. Ways to minimize the burden of the collection of information: The Academy suggests that the development of an online, password-protected portal would minimize the burden of this collection. An FNS email address for submission makes it difficult for administrators to compile information and requires the sender to provide password protected documents.

E. Conclusion

The Academy appreciates the opportunity to submit comments to the Retailer Management and Issuance Branch of the Retailer Policy and Management Division of the U.S. Department of Agriculture related to its proposed information collection, "Supplemental Nutrition Assistance Program (SNAP) Waiver Requests To Offer Incentives to SNAP Recipients at SNAP Authorized Stores".

We applaud USDA's effort to streamline and promote programs that support access to healthy food for low income households. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Liz Campbell at 202-775-8277 ext. 6021 or by email at ecampbell@eatright.org with any questions or requests for additional information.

Sincerely,



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