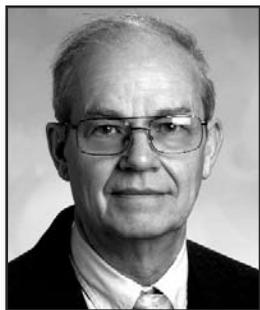


Food Stamp Issues Include Its Funding But Also Proposed Means To Improve Nutrition



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Current Congressional discussion about SNAP (Supplemental Nutrition Assistance Program, previously known as the Food Stamp Program) centers on its level of funding. That is an important issue because it has to be resolved before Congress can adopt a Farm Bill to replace the one that expired at the end of September 2012. Some in Congress want to implement a more restricted criteria for establishing eligibility for SNAP benefits as means to save taxpayer money, while others want to keep the current criteria.

While this is the most visible debate surrounding the SNAP program, some in the health community have raised concern over the relationship between the receipt of SNAP benefits and obesity, particularly childhood obesity.

In the past, responsibility for increased levels of obesity has been attributed to crop subsidies that allegedly have kept crop prices low, making calorie-laden foods like chips, bread, and sugary drinks relatively less expensive than nutrient rich foods like fresh fruits and vegetables. This was held to be especially true for low-income families.

In a December 26, 2012 viewpoint article, "Opportunities to reduce childhood hunger and obesity: Restructuring the Supplemental Nutrition Assistance Program (the Food Stamp program)" in the Journal of the American Medical Association (JAMA), three physicians – David S. Ludwig, Susan J. Blumenthal, and Walter C. Willett – argue that SNAP benefits need to become more focused on food quality and less focused on food quantity.

In the past, the major concern was making sure that children living in poverty received an adequate level of calories – food quantity. Today, however, the major problem facing poor children is not emaciation, but rather obesity. The authors cite literature that indicates that "the highest rates of obesity [in the US] are found in people with the lowest incomes. Among poor populations, 7 times as many children are obese as underweight."

One of the causes of the increased rate of obesity among low-income persons can be the fact that they face intermittent periods low food availability – usually the end of the month or of a pay period. Such variability in the availability of food can stimulate biological changes that are associated with weight gain.

"Another possible reason for this relationship is that low-income families may spend their limited food budget on high-calorie, low-quality products," the authors write. "SNAP has no regulations to influence the quality of foods purchased and pays for an estimated \$4 billion in soft drinks per year, or about 20 million servings each day. Research suggests that if a child

consumes 20 oz. (600 mL) of a sugary drink, she will become hungrier more quickly than if she ate a large apple and a heaping tablespoon of peanut butter, even though both have about the same number of calories. Thus, the present lack of focus on food quality in SNAP may simultaneously exacerbate hunger and promote obesity."

A 2010 American Journal of Public Health (AJPH) editorial that Ludwig et. al. refer to in their JAMA article – "Using the Food Stamp program and other methods to promote healthy diets for low-income consumers" – suggests that one way to "encourage healthier diets would be to add a given amount, such as 30-cents back to an EBT (electronic bank transfer) for every SNAP dollar used to buy healthier foods."

That AJPH editorial also suggested working to eliminate "food deserts" in inner-city and rural communities and increasing the availability of farmers markets that accept SNAP benefits. The editors suggest a policy change that would allow states to use SNAP education funds to discourage the consumption of unhealthy foods. Currently these funds cannot be used to discourage the consumption of junk foods.

In their closing paragraph, the editors write, "Unhealthy diets – featuring overconsumption of calorie-laden soft drinks, salty snack foods, fatty meat and dairy products, and foods prepared with partially hydrogenated oils, and under-consumption of fruits, vegetables, and whole grains – are causing serious health problems, the most obvious being obesity and gross dental decay, especially among the poor. The public health community needs to weave together a broad, creative, well-funded program for steering Americans, especially the most vulnerable ones, toward healthier diets. Everyone – rich and poor alike, and most of all our children – would benefit."

Blumenthal was also project director for a July 2012 report titled "SNAP to health: A fresh approach to strengthening the Supplemental Nutrition Assistance program" (http://www.thepresidency.org/storage/documents/CSPC_SNAP_Report.pdf) that offered 7 categories of policy changes for consideration in any proposed SNAP legislation: "1) lower the cost of healthy foods for SNAP recipients; 2) increase access to healthy foods; 3) discourage the purchase of high-calorie, unhealthy foods; 4) modify the distribution and amount of SNAP benefits to better meet the needs of recipients; 5) increase knowledge about foods purchased with SNAP benefits and the program's impact on nutrition and health; 6) strengthen SNAP-Ed to reach the greatest number of individuals with comprehensive, effective, and evidence-based educational programs and interventions; and 7) increase innovation and cross-agency collaboration on SNAP at the federal and state levels."

Blumenthal et. al. write, "The principal message of this document is that SNAP funding must not be cut and should be maintained as a lifeline for low-income Americans, but the program should be strengthened and modernized to serve as a 21st century public health instrument to improve nutrition, alleviate food insecurity, reduce obesity rates, and enhance the health of America's low-income population." △

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