# Improving Diet Quality in SNAP

Society for Nutrition Education and Behavior Annual Meeting, July 2019
Orlando, FL



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#### **Improving Diet Quality in SNAP**

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#### The Agriculture Improvement Act of 2018

# One hundred fifteenth Congress Of the United States of America

#### An Act

To provide for the reform and continuation of agriculture and other programs of the Department of Agriculture through fiscal year 2023, and for other purposes.

# Farm Bill Quick Stats

Federal law that governs an array of ag and food programs.

Renewed every 5 years to reassess and reallocate funds; make program changes

Twelve thematic areas called "Titles"

Four Titles account for majority of funding

2018 bill expected to cost total of \$428 billion over 5 years

## **Farm Bill Spending**





Commodity Program: Payments/loans when market prices low

Crop Ins. 9%

Crop Insurance:

Subsidies; crop insurance

Other: Trade, research, energy, rural dev, food safety

Nutrition 76%

Nutrition: SNAP, frms mkt vouchers, fruit/veg program, nut ed

### SNAP – The Impact

- Largest nut asst. pgm (40 million ppl; \$60.6B); provides food to 1 in 7 Americans; 2/3 are kids, elderly, people w/ disabilities
- 84% benefits go to HH w/ children
- Reduces food insecurity and disparities
- "health care intervention"
- Bolsters local economy; enhances food purchasing power
- SNAP participants are an integral part of all communities!
- Impact on diet quality

#### Farm Bill 2018 - Wins

- SNAP: maintains access to and funding for SNAP; no harsh additional work req't (BIG WIN – for now)
- FINI now Gus Schumaker grant: increases funding; makes permanent; \$25 million to produce Rx x 5 years
- SNAP-Ed: Maintains current funding/structure; online clearinghouse; stronger evaluation; training & TA
- Local foods: improvements to programs & funding for farmers market/local foods promotion; more EBT machines at markets
- Thrifty Food Plan: USDA to reevaluate and update
- Food Waste Liaison; report to Congress; improved awareness
- Establishes Urban Ag Office

#### Farm Bill 2018 – Losses

- Continues farm subsidy loopholes
- Cuts funding for conservation
- No healthy eating pilots (SNAP) beyond FINI
- Did not recognize diet quality as a core SNAP objective (along w/ food security & fiscal integrity)
- Did not improve transparency in SNAP retailer data

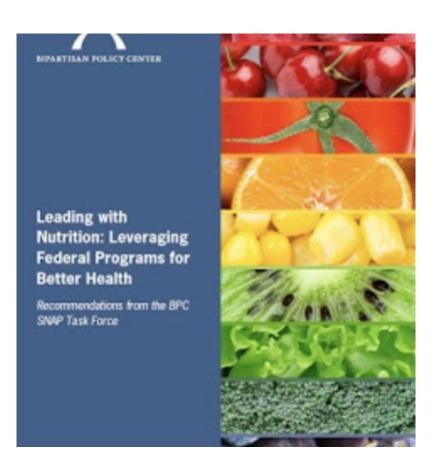


## **Freedom from Hunger:** *An Achievable Goal for the*

United States of America

Recommendations of the National Commission on Hunger to Congress and the Secretary of the Department of Agriculture

2015



#### Minimum Stocking Levels and Marketing Strategies of Healthful Foods for Small Retail Food Stores

Healthy Eating Research

Building evidence to prevent childhood obesity

February 2016

#### Introduction

The healthfulness of foods and beverages found in retail food stores differs widely across the United States, both by location of the store as well as by store type. Communities with predominantly white residents have two to four times more supermarkets and large-chain grocery stores than communities of color.<sup>1,2</sup> In contrast, lower-income and communities of color have more small food outlets, such as small food stores ('corner stores') and convenience stores.<sup>1,2</sup> These small food stores primarily tend to sell prepackaged foods and beverages that are high in calories and poor in nutrients. They are also less likely to sell healthy, staple foods such as fruits and vegetables, whole grain-rich foods, and low-fat dairy products.<sup>4,8</sup>

Thus, some communities have limited access to stores that carry healthful foods, and these limitations likely contribute, at least in part, to disparities in diet and health. <sup>2,10</sup> As such, several strategies are now being implemented in many locations across the United States to increase access to healthy foods in underserved communities.

One strategy is to attract grocery stores or supermarkets that currently are not located in these lower-income neighborhoods and communities of color. However,

opening a new store requires substantial investments, and it is not clear that this strategy is feasible and/or appropriate in all settings.

A second strategy is to improve the healthfulness of foods and beverages sold by existing food retailers in underserved communities, including retailers that are both small and large in size. Evaluations of "healthy corner store" programs have demonstrated success in increasing the availability, visibility, affordability, promotion, and sales of healthy foods and beverages in small stores. 11-13

Whether the goal is to attract new stores to a neighborhood or change the ones that already exist, there



## Missed Opportunities: Nutrition and SNAP

#### **SNAP Attacks/Set Backs**

**Prop Rule:** Able Bodied Adults Without Dependents (ABAWDs)

<u>Public Charge</u>: dependent on gov't for public asst (SNAP) could = deny entry to US

**SNAP Data**: Lack of transparency on SNAP retailer data (Supreme Court Ruling)

**Prop Rule: Providing Regulator Flexibility for Retailers in SNAP** 

"Spray cheese, beef jerky and stuffed olives to be counted as staples under Trump administration food stamp proposal" – Washington Post, May 30

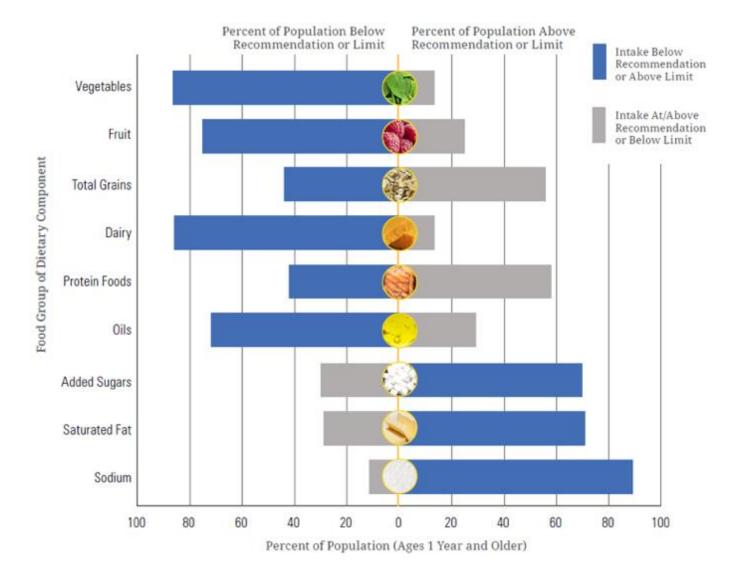


Average Diet Quality Among U.S. Populations

Angie Tagtow, MS, RD, LD Founder & Chief Strategist Äkta Strategies, LLC

### Current Eating Patterns in the United States

Percent of the U.S. Population Ages 1 Year and Older Who are Below, At, or Above Each Dietary Goal or Limit (Figure 2-1)



Note: The center (0) line is the goal or limit. For most, those represented by the blue sections of the bars, shifting toward the center line will improve their eating pattern.

Data Source: What We Eat in America, NHANES 2007-2010 for average intakes by age-sex group. Healthy U.S.-Style Food Patterns, which vary based on age, sex, and activity level, for recommended intakes and limits.

Adapted from Figure 2-1 (page 39), U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

The Healthy Eating
Index (HEI) is a
measure of diet
quality used to assess
how well a set of
foods aligns with key
recommendations of
the Dietary Guidelines
for Americans

#### HEI-2015<sup>1</sup> Components and Scoring Standards

Component	Maximum points	Standard for maximum score	Standard for minimum score of zero
Adequacy:			
Total Fruits <sup>2</sup>	5	≥0.8 cup equivalent per 1,000 kcal	No Fruit
Whole Fruits <sup>3</sup>	5	≥0.4 cup equivalent per 1,000 kcal	No Whole Fruit
Total Vegetables <sup>4</sup>	5	≥1.1 cup equivalent per 1,000 kcal	No Vegetables
Greens and Beans <sup>4</sup>	5	≥0.2 cup equivalent per 1,000 kcal	No Dark-Green Vegetables or Legumes
Whole Grains	10	≥1.5 cup equivalent per 1,000 kcal	No Whole Grains
Dairy <sup>5</sup>	10	≥1.3 cup equivalent per 1,000 kcal	No Dairy
Total Protein Foods <sup>4</sup>	5	≥2.5 cup equivalent per 1,000 kcal	No Protein Foods
Seafood and Plant Proteins <sup>4,6</sup>	5	≥0.8 cup equivalent per 1,000 kcal	No Seafood or Plant Proteins
Fatty Acids <sup>7</sup>	10	(PUFAs + MUFAs)/SFAs ≥2.5	(PUFAs + MUFAs)/SFAs ≤1.2
Moderation:			
Refined Grains	10	≤1.8 ounce equivalent per 1,000 kcal	≥4.3 ounce equivalent per 1,000 kcal
Sodium	10	≤1.1 grams per 1,000 kcal	≥2.0 grams per 1,000 kcal
Added Sugars	10	≤6.5% of energy	≥26% of energy
Saturated Fats	10	≤8% of energy	≥16% of energy

Intakes between the minimum and maximum standards are scored proportionately.

<sup>&</sup>lt;sup>2</sup> Includes 100% fruit juice.

<sup>3</sup> Includes all forms except juice.

<sup>4</sup> Includes legumes (beans and peas).

<sup>&</sup>lt;sup>5</sup> Includes all milk products, such as fluid milk, yogurt, and cheese, and fortified soy beverages.

<sup>&</sup>lt;sup>6</sup> Includes seafood, nuts, seeds, soy products (other than beverages), and legumes (beans and peas).

<sup>&</sup>lt;sup>7</sup> Ratio of poly- and mono-unsaturated fatty acids (PUFAs and MUFAs) to saturated fatty acids (SFAs).

#### **How Healthy Is the American Diet?**

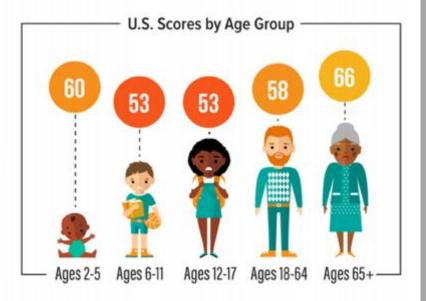




#### The Healthy Eating Index Score

shows that Americans do not align their eating choices with the Dietary Guidelines.

(on a scale from 0-100)



Data source for Healthy Eating Index scores: What We Eat in America, National Health and Nutrition Examination Survey (undated data are from 2013-2014).

## Leading Causes of Death in the US, 1980 & 2017

(adapted from National Center for Health Statistics, 2018)

	1980		2017	
Rank	Cause of Death	# Deaths	Cause of Death	# Deaths
	All causes	1,989,841	All causes	2,744,248
1	Diseases of heart	761,085	Diseases of heart	635,260
2	Malignant neoplasms	416,509	Malignant neoplasms	598,038
3	Cerebrovascular diseases	170,225	Accidents (unintentional injuries)	161.374
4	Unintentional injuries	105,781	Chronic lower respiratory diseases	154,596
5	Chronic obstructive pulmonary diseases	56,050	Cerebrovascular diseases	142,142
6	Pneumonia and influenza	54,619	Alzheimer's disease	116,103
7	Diabetes mellitus	34,851	Diabetes mellitus	80,058
8	Chronic liver disease and cirrhosis	30,583	Influenza and pneumonia	51,537
9	Atherosclerosis	29,449	Nephritis, nephrotic syndrome, nephrosis	50,046
10	Suicide	26,869	Intentional self-harm (suicide)	44,965

# GDP & National Health Expenditures in the US 1960, 1980 & 2017 (adapted from National Center for Health Statistics, 2018)

	1960	1980	2017	
	Amount (billions)			
Gross Domestic Product (GDP)	\$542.4	\$2,857.3	\$19,485.4	
National Health Expenditures	\$27.2	\$255.3	\$3,492.1*	
National Health Expenditures as Percent of GDP	5.0%	8.9%	17.9%	
Health Expenditures Per Capita	\$146	\$1,108	\$10,739	

<sup>\* 34%</sup> private health insurance, 20% Medicare, 17% Medicaid, 10% Out-of-pocket

# Conformance with Healthy Eating Patterns Reduces Health Care Costs

- An daily increase of 2 cups of fruits and vegetables consumed would save an estimated \$32 billion in health care expenditures<sup>a</sup>
- A 20% increased conformance to a healthy eating pattern as measured by HEI-15 would save an estimated \$31.5 billion in health care expenditures<sup>b</sup>
- An 80% increased conformance to a healthy eating pattern as measured by HEI-15 would save an estimated \$55.1 billion in health care expenditures<sup>b</sup>



- a. Rinehardt S. Delivering on the Dietary Guidelines. How Stronger Nutrition Policy Can Cut Costs and Save Lives. 2019. Washington, DC: Union of Concerned Scientists.
- b. Scrafford G. Bi X, Multani J, Murphy M, Schmier J. Barraj L. Health economic evaluation modeling shows potential health care cost savings with increased conformance with healthy dietary patterns among adults in the United States. *J Acad Nutr Diet*. 2019; 119(4): 599-616.

# Research on Diet Quality Among SNAP Participants



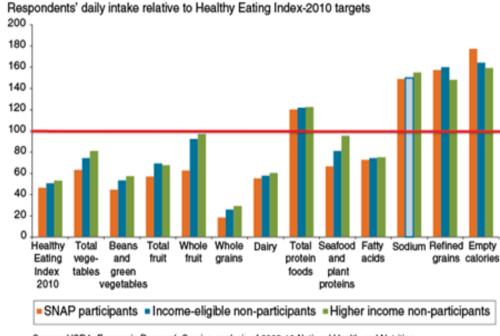
Joelle Johnson, MPH Center for Science in the Public Interest

#### Participating in SNAP does not improve diet quality

#### **Overall Diet Quality**

- Diet quality among lowresourced Americans is poor, regardless of participation in SNAP
  - HEI for adult SNAP participants = 47/100
  - HEI for adult incomeeligible non-participants = 51/100

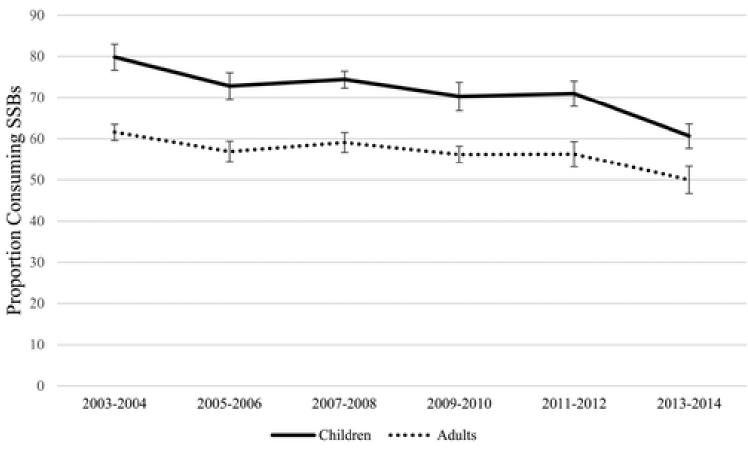
#### Adult SNAP participants score lower on many measures of diet quality



Source: USDA, Economic Research Service analysis of 2003-10 National Health and Nutrition Examination Survey (NHANES) data.



#### Overall SSB Consumption

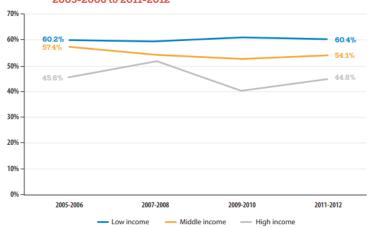


Source: Bleich et al., 2017



#### Differences in SSB consumption by income and race

Figure 20. Trends in percent consuming sugary drinks on a given day, by income level,\* 2005-2006 to 2011-2012

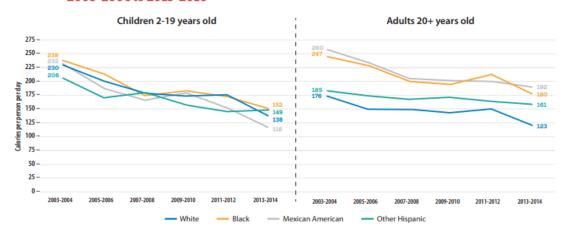


- Daily sugary drink intake is higher among low-income Americans (60% vs. 45%)
  - 236 vs. 140 calories per day

"Income level is defined by poverty-income ratio (PIR): Low income = 0-185% PIR; Middle income = 186-400% PIR; High income = >400% PIR Source; (NHANES) HFA, 2017

Figure 18. Trends in calories per person per day from sugary drinks, by age and race/ethnicity, 2003-2004 to 2013-2014

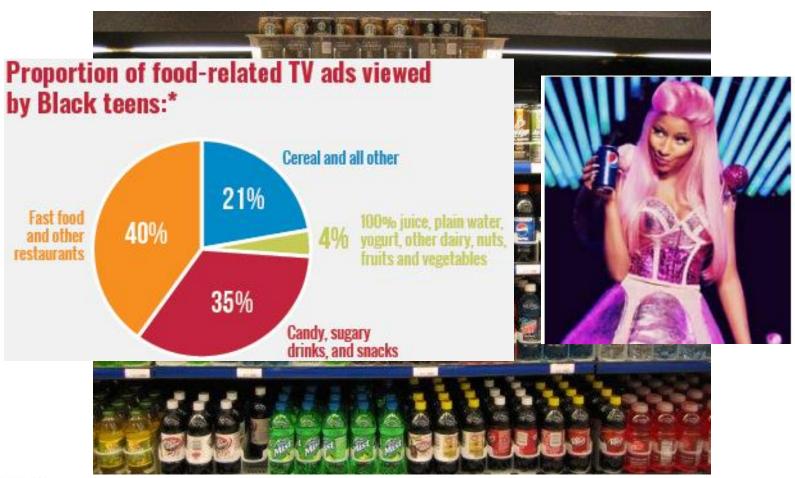
 Despite declines, consumption remains higher among Black and Hispanic populations.





Source: (NHANES) Bleich et al, 2017

# SSB marketing targets communities of color and SNAP participants





# Improving Diet Quality within the Supplemental Nutrition Assistance Program

A Community Nutrition Perspective

Jennifer Folliard, MPH, RDN Family and Community Health Field Specialist

July 2019



## Diet Quality: Direct Education

- Literature review, food security and diet quality
  - Strong study design, even with few number of studies -> SNAP-ED increase food security
  - While some studies indicated increased diet quality, the evidence was not as strong as food security impact



# Diet Quality: Policy, Systems and Environment

- Community food environment as a mediating factor
- Sustaining a healthy community food environment is key to sustained and improved diet quality



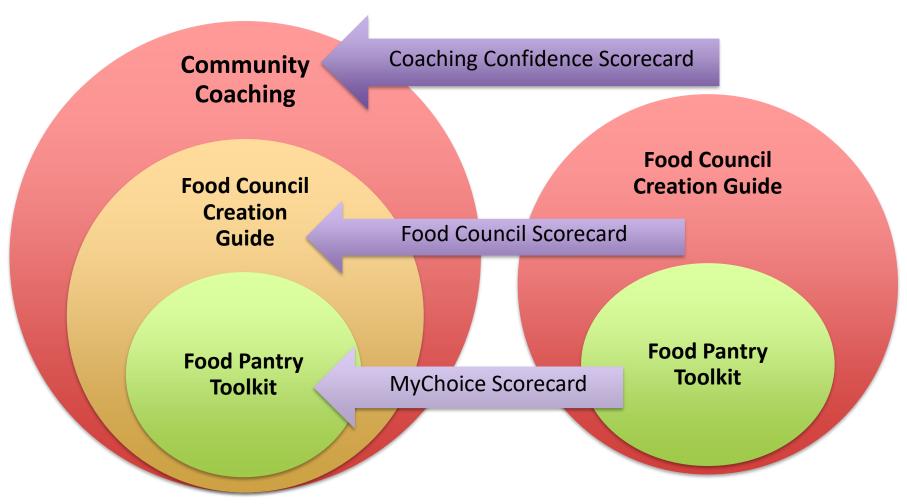
# Collective Impact Model to Improve Diet Quality

- Common Agenda
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support Organization





### Treatment vs. Comparison



# Lake Andes Community Garden





## Diet Quality: Financial Incentives

- Economic incentive for the consumer and for the retail outlet
- Scoping review
  - Comprehensive set of strategies
  - Incentives/rebates for healthy food
  - Improved access to healthy food
  - Restrictions on purchase









USDA NIFA Grant no. 2018-70025-28153, Double Up Dakota Bucks! Working to Increase Fruit & Vegetable Purchases in Tribal Communities in North & South Dakota.



# Building Statewide Support for Healthy SNAP Strategies



Joelle Johnson, MPH Center for Science in the Public Interest

## Creating state and local momentum

#### **Consensus-building Model**

## Phase 1 – Data Collection & Dissemination

- Regional convenings in key states
- Key informant interviews
- Focus groups and/or interviews with SNAP participants
- SNAP retailer interviews
- Disseminate results

#### Phase 2 – Pilot

- Identify research partners
- Secure funding





## Statewide Recommendations

Ponncylyania (2019)	Massachusetts (2010)		
Pennsylvania (2018)	Massachusetts (2019)		
Consensus on 4 strategies	Recommendations from convening		
Opt into a pilot that offers FV  incontinues in exchange for	<ul> <li>In-store marketing</li> </ul>		
incentives in exchange for not purchasing soda	SNAP mobile app		
2. Expand existing FV	Expand HIP to grocery stores		
incentives to more retailers	Recommendations from retailers <ul><li>Combine marketing (placement,</li></ul>		
3. Stronger minimum stocking	shelf tags, etc.) with other		
standards for SNAP retailers	strategies like incentives or education		
4. In-store nutrition education	FV incentives in grocery stores		
	<ul> <li>Partial consensus on pairing FV incentives with opting out of soda purchases.</li> </ul>		



#### Action Steps for Improving Diet Quality Among SNAP Participants

#### Engage

- ✓ SNEB Advisory Committee on Public Policy
- ✓ SNEB Position Statement proposal
- **✓** NANA Coalition

#### Implement

- ✓ Stronger
  linkages
  between USDA
  research and
  programming
  and practice
- ✓ Technical assistance centers for incentive programs

## Inform & Educate

- ✓ Food security, economic, and health impacts of SNAP
- ✓In-store nutrition education

#### Research

- ✓ Incentive and disincentive pilots to test various approaches to improve diet quality
- ✓ Publish results

## Protect & Advocate

- ✓ Nutrition as a core objective of SNAP
- ✓ Enhanced support for SNAP-Ed
- ✓ Minimum stocking standards for SNAP retailers
- ✓ Funding for pilots, programs, and research