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Subcommittee on Food and Nutrition, Specialty Crops, Organics, and Research on the
State of Nutrition in America 2021

Federal Programs Can Better Support Nutrition

Angela Rachidi

Senior Fellow and Rowe Scholar in Poverty Studies
American Enterprise Institute

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Chairman Booker, Ranking Member Braun, and members of the Subcommittee. Thank you for the opportunity to testify on the important issue of nutrition in America. My name is Angela Rachidi and I am a Senior Fellow in poverty studies at the American Enterprise Institute, where I have spent the past several years researching policies aimed at reducing poverty and increasing employment for low-income families. Before I joined AEI, I was a Deputy Commissioner for the New York City Department of Social Services for more than a decade, where I oversaw the agency's policy research. Among other programs, we administered the Supplemental Nutrition Assistance Program, or SNAP, which provided benefits to almost 2 million New Yorkers each month.

My testimony covers three main points. **First**, poor diet and the overconsumption of food have created a major public health crisis in the US with serious health and financial ramifications. Our federal food assistance programs have dramatically reduced the incidence of hunger over the past fifty years to the point that addressing the health consequences of overconsumption and poor diet should take priority. **Second**, our nutrition assistance programs have mixed success in supporting nutrition among low-income households and in many ways contribute to unhealthy diets and the negative health consequences that are so prevalent in America today. **Third**, bipartisan efforts in recent years have produced a series of recommendations aimed at improving nutrition, including ways we can leverage our federal programs – namely SNAP – to address this crisis. Regrettably, instead of pursuing these recommendations, the federal government's actions over the past year have undermined efforts to improve nutrition among low-income households.

Poor Diet and Health

Problems associated with poor diet afflict millions of Americans at a tremendous public cost. According to statistics presented at a 2020 conference honoring the 50th Anniversary of the White House Conference on Food, Nutrition, and Health¹:

- Poor diet is now the leading cause of poor health in the U.S., causing more than half a million deaths per year.
- The prevalence of obesity has risen sharply from 15% of adults and 5.5% of children in 1980 to 42.4% of adults and 19.3% of children in 2017/18.
- Nearly three in four (71.6%) American adults are either overweight or have obesity.
- More than 100 million Americans – nearly half of all U.S. adults – suffer from diabetes or pre-diabetes, while one in three U.S. children born after 2000 is expected to develop Type 2 diabetes.
- Cardiovascular disease afflicts about 122 million people and causes roughly 840,000 deaths each year, with rates of coronary heart disease and obesity-related cancers increasing among younger adults.
- For the first time in American history, life expectancies are falling, with declines for three consecutive years due in part to significant increases in midlife mortality from diet-related diseases.

I would like to add that recent studies have linked the incidence of dementia to poor nutrition,² and dementia-related mortality is up 145 percent since 2000.³

The costs associated with these statistics are staggering. Experts estimate that the medical expenses associated with obesity alone amount to almost \$150 billion per year in the United States,⁴ with billions more associated with lost productivity. According to the CDC, chronic diseases account for 90 percent of the nation's annual \$3.8 trillion in healthcare costs.⁵ Combined spending on Medicare, Medicaid, and other public health care subsidies topped \$1 trillion in 2019, demonstrating the tremendous public cost associated with chronic disease, with poor diet as a main contributor.

For context, four percent or approximately 5 million households in the US experienced very low food security in 2020, which means they reduced their food intake due to a lack of resources. Less than one percent of children experienced very low food security in 2020.⁶ This is among the lowest percentages of households and children experiencing this condition since at least 1995 when the government started tracking food insecurity.⁷

Effectiveness of Nutrition Assistance Programs

While the federal government's nutrition assistance programs cannot solve the problems of poor diet and chronic disease alone, they can play an important role. The USDA operates 15 nutrition assistance programs, with the federal government spending more than \$100 billion per year on food assistance to US households⁸. SNAP, the National School Lunch Program, and the Special Supplemental Nutrition Program for Women, Infant, and Children or WIC are among the largest of these programs. Evidence shows that these programs effectively reduce hunger among US households, but they could do much more to support better nutrition and help address poor health outcomes. In the case of SNAP, recent actions by the USDA may actually make the problems of poor diet among low-income households even worse.

One of the main problems with the USDA's nutrition assistance programs is that they lack a cohesive nutrition strategy. SNAP is a prime example. According to my research, the federal government doubled the amount of SNAP benefits in fiscal year 2021, adding \$50 billion compared to 2019.⁹ Granted, we are still in the middle of a pandemic and millions of households lost employment in its immediate aftermath, which required a robust federal response. However, as my AEI colleague Scott Winship and I showed in October 2020,¹⁰ we knew by the summer of 2020 that food insecurity (a proxy for hunger) among US households held constant during the worst months for the 2020 US economy. Yet, federal lawmakers continued to expand SNAP benefits throughout the remainder of 2020 and into 2021 without any consideration for the impact on diet quality. More recently, the USDA used a routine research exercise to increase SNAP benefit permanently by 15 percent more, without addressing any of the underlying nutrition concerns associated with the program.

One reason the current trajectory of SNAP is so concerning is because research shows that SNAP actually contributes to poor diet quality among low-income households. As early as 2013, the USDA's own researchers found that SNAP participants had a lower diet quality than similar non-participants, even while acknowledging that SNAP effectively reduced food insecurity.¹¹ A 2018 study by researchers from Tufts University found the same – not only was the diet quality of SNAP participants worse than similar adults who did not receive SNAP benefits, the improvement in diet quality among SNAP participants over time lagged behind these adults as well.¹² These researchers warned that poor diet quality was a larger issue than food insecurity.

Let me restate these findings – the nation's largest nutrition assistance program – now accounting for more than \$100 billion per year in food assistance to low-income families – was associated with worse diet quality almost a decade ago. And yet, little national attention at a large scale has been given to this problem.

This is why the USDA's recent action to increase SNAP benefits by 25 percent on average should be concerning from a nutrition perspective. In fact, to justify the 25 percent increase in SNAP benefits, USDA researchers assumed American adults and children (including those in SNAP households) need more calories. In other words, the USDA increased SNAP benefit levels so that SNAP households could consume more. This action is entirely counterproductive from the perspective of addressing the obesity and overweight crisis afflicting our country, with research showing that Americans already eat too many calories.¹³

Data on what SNAP households purchase add to these concerns. A 2016 study by the USDA on foods purchased by SNAP households found that sweetened beverages was the second largest expenditure category, only behind meat, poultry, and seafood.¹⁴ The study found that SNAP households spent almost 10 percent of their food budgets on sweetened beverages, which public health experts conclude have no nutritional value and are a main contributor to the obesity epidemic.

Equally concerning was that the fourth and fifth highest expenditure categories among SNAP households were frozen prepared foods and prepared desserts.¹⁵ My point in mentioning this research is not to judge what households purchase. Instead it is to acknowledge the reality that billions of federal dollars earmarked to improve nutrition among low-income households in the US are primarily being used on foods and beverages that are major contributors to poor health. When the USDA increased SNAP benefits by 25 percent earlier this year, it directly contributed to poor diet quality among low-income households. And these SNAP dollars will indirectly increase healthcare expenditures to address the chronic diseases posed by unhealthy food choices.

Leveraging Federal Programs to Address Nutrition

More than a decade ago, in 2010, I was part of an effort by New York City Mayor Michael Bloomberg to pilot a project restricting sugary beverages from SNAP purchases. This was

part of the City's broader efforts to address the crisis of obesity, especially among children, by incentivizing healthy foods and reducing unhealthy ones in low-income households. The USDA denied our attempts to evaluate whether restrictions could work. Since then, billions of SNAP dollars have supported the purchase of sugary beverages across the country and child obesity rates nationally have increased from 16.9 percent in 2010 to 19.3 percent in 2017/18.¹⁶ Reports suggest that the prevalence of obesity among children in the US has increased even more during the pandemic.

In 2017, I was part of a Bipartisan Policy Center taskforce on Leveraging Federal Programs to improve nutrition.¹⁷ We developed 15 recommendations that the federal government could implement to improve nutrition among program participants. They all remain relevant and I will list a few particularly pertinent ones:

- Make improving diet quality a core SNAP objective through legislative action and create a new Deputy Administrator to oversee a nutrition strategy.
- Eliminate sugary beverages from the list of items that can be purchased with SNAP benefits. Consider restricting additional items that have no nutritional value.
- As part of an approach that implements restrictions, increase funding for incentives to purchase fruits and vegetables. Imagine if the 25 percent increase in SNAP benefits in 2021 could only be used on fruits and vegetables.
- Strengthen SNAP retailer standards to increase the availability of fruits and vegetables at SNAP retailers.
- Better align SNAP and Medicaid and focus efforts on nutrition improvement.
- Use technology to increase the sharing of data on food purchases and to better inform SNAP participants about healthy eating.

The main point I want to convey is that federal nutrition assistance programs have a role to play in improving the diets and health of Americans. The federal government spends upwards of \$100 billion per year on food assistance programs, the largest of which involves SNAP. Research suggests that SNAP contributes to poor diet quality and data shows that the largest expenditures using SNAP involve sugary beverages, prepared foods, and other nutritionally questionable products. The problems of poor diet quality and the health consequences in America are bigger than the federal government's nutrition assistance programs, but they can play a role in helping to address them. This includes a holistic approach that combines restrictions on purchases in SNAP, incentives for healthy eating, and nutrition education. This approach has received bipartisan support in the past and should be used as a framework moving forward.

Conclusion

In closing, I want to restate the challenges and opportunities that we are presented with today. The pandemic revealed many disparities in our society, but one that received too little attention is the disparity between people without health issues and those with underlying

health issues, often caused by poor diet, that increased their risk for death and hospitalization from COVID-19. Using our federal nutrition assistance programs to send a strong message about the importance of nutrition while also encouraging and sometimes requiring households to eat healthier if they receive government benefits is an important part of a strategy aimed at getting all Americans to improve their diets and get healthier.

Thank you and I look forward to answering your questions.

¹ Frank Hu et Al., “Report of the 50th Anniversary of the White House Conference on Food, Nutrition, and Health,” Tufts Friedman School of Nutrition Science and Policy, March 2020, <https://sites.tufts.edu/foodnutritionandhealth2019/>.

² Martha Clare Morris, “Nutrition and risk of dementia: overview and methodological issues,” *Annals of the New York Society of Sciences* 1367, no. 1 (2016): 31–37.

³ Alzheimer’s Association, “Alzheimer’s and dementia: Facts and Figures,” <https://www.alz.org/alzheimers-dementia/facts-figures>.

⁴ Centers for Disease Control and Prevention, “Adult Obesity Causes & Consequences,” <https://www.cdc.gov/obesity/adult/causes.html>.

⁵ Centers for Disease Control and Prevention, “Health and Economic Costs of Chronic Diseases,” <https://www.cdc.gov/chronicdisease/about/costs/index.htm>.

⁶ Coleman-Jensen, Alisha, Christian Gregory, and Anita Singh. “Household food security in the United States in 2013.” USDA-ERS Economic Research Report 173 (2014).

⁷ US Department of Agriculture, Economic Research Service, Key Statistics and Graphics, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>.

⁸ US Department of Agriculture, Food and Nutrition Service, “FNS Nutrition Programs,” <https://www.fns.usda.gov/programs>.

⁹ Angela Rachidi, “A 20-Year Look at SNAP Participation and Costs,” American Enterprise Institute, October, 2021, <https://www.aei.org/wp-content/uploads/2021/10/A-20-Year-Look-at-SNAP-Participation-and-Costs.pdf?x91208>.

¹⁰ Scott Winship and Angela Rachidi, “Has Hunger Swelled?,” American Enterprise Institute, October 22, 2020, <https://www.aei.org/research-products/report/has-hunger-swelled/>.

¹¹ Christian A. Gregory, “SNAP Participation and Diet Outcomes,” US Department of Agriculture, Food and Nutrition Service, 2013, <https://www.ers.usda.gov/amber-waves/2013/november/snap-participation-and-diet-outcomes/>.

¹² Fang Fang Zhang et Al., “Trends and disparities in diet quality among US adults by Supplemental Nutrition Assistance Program participation status.” *JAMA network open* 1, no. 2 (2018): e180237-e180237.

¹³ The US Burden of Disease Collaborators, “The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States,” *JAMA* 319, no. 14 (2018):1444–1472.

¹⁴ Steven Garasky et Al., “Foods Typically Purchased by SNAP Households,” Prepared by IMPAQ International, LLC for USDA, Food and Nutrition Service, November 2016.

¹⁵ Garasky et Al., “Foods Typically Purchased by SNAP Households.”

¹⁶ Cynthia L. Ogden et Al., “Prevalence of Obesity in the United States, 2009–2010,” US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, NCHS Brief No. 82, January 2012 and Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats. 2020.

¹⁷ Bill Frist et Al., “Leading with Nutrition: Leveraging Federal Programs for Better Health,” Bipartisan Policy Center, March 2018, <https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/03/BPC-Health-Leading-With->

[Nutrition.pdf.](#)