

Leading with Nutrition: Leveraging Federal Programs for Better Health

Recommendations from the BPC SNAP task force

March 2018

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Disclaimer

This report is the product of the SNAP task force, which included participants of diverse expertise and affiliations, addressing complex topics. Inevitably, arriving at a consensus document in these circumstances entailed compromises. Ultimately, however, task force members reached agreement on these recommendations as a package. The findings and recommendations expressed in this report are solely those of the task force and do not necessarily represent the views or opinions of the Bipartisan Policy Center's founders or its board of directors, the Robert Wood Johnson Foundation, Tufts University, or the employers or affiliates of task force members.

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Letter from the Co-Chairs

As doctors, scientists, and public health experts find mounting evidence for the connection between good nutrition and good health, the old adage “you are what you eat” rings truer than ever. Unfortunately, however, many Americans today are not eating well. For these individuals, and for our nation as a whole, poor nutrition has multiple, compounding adverse impacts in terms of lower quality of life and diminished opportunity, high rates of obesity and chronic disease, and ballooning health care costs. This situation has not come about by accident: Americans’ dietary habits have been heavily influenced by the billions of dollars spent by food companies to market foods that may be more profitable, but that are also, in too many instances, less healthy.

The goal of the Bipartisan Policy Center in launching the Supplemental Nutrition Assistance Program (SNAP) task force was to explore whether the federal government could do a better job of promoting better health through good nutrition, especially among people living in poverty in America. After all, two of the nation’s most important public assistance programs—SNAP and Medicaid—are specifically focused on food and health. Better aligning these programs to improve health and nutrition has the potential to make a difference in the daily lives of millions of Americans and—by reducing the burden of poor health and high health care costs—in our nation’s long-term fiscal and economic outlook.

To develop the recommendations contained in this report, the task force’s 13 members met multiple times in 2017 to hear from outside experts, discuss the issues, and explore solutions. Task force members and staff also spoke with leaders from more than fifty organizations to solicit input from a range of groups including state, federal, and local program administrators; health promotion, anti-hunger, and anti-poverty advocates; food and beverage producers, manufacturers, retailers, and associations; and academic researchers.

Among these groups, and indeed among task force members themselves, these discussions elicited a wide array of views and perspectives. Many of the issues are complex and some of the recommendations the task force arrived at may be controversial. Some of the goals expressed in this report are clearly aspirational, in the sense that they will be challenging to achieve and will take more time, and perhaps a greater investment of resources than can realistically be brought to bear in the near term. Throughout, however, task force members were united by several shared convictions and priorities, including a common sense of opportunity—and urgency—in responding to the intertwined challenges of health, nutrition, and poverty that our nation faces.

Task force members shared an appreciation for the importance of the SNAP program in reducing food insecurity and poverty among low-income Americans. The program plays a positive role in supporting families and communities across the country; thus, it is our strong view that any changes to increase SNAP’s focus on nutrition and healthier food choices must be undertaken in ways that strengthen the program and make it more effective. Given that existing SNAP benefits are relatively meager (less than \$1.39 per person per meal) we strongly oppose any changes that would reduce the value of SNAP benefits or make them more difficult for qualified individuals to access.

Policymakers have an opportunity in the next Farm Bill and beyond to find bipartisan ways to improve the nutritional support, integrity, administration, and effectiveness of our nation’s major anti-poverty programs. Our hope is that this report and its recommendations will help provide both the impetus to act and useful suggestions for where to start. We hope these first steps can lead to bolder reforms in the future.

Sincerely,

Dr. Bill Frist, *Former Senate Majority Leader; BPC Senior Fellow*

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Executive Summary

This report presents the recommendations of a 13-member task force, launched by the Bipartisan Policy Center in 2017, to explore strategies for promoting healthy nutrition through public programs and policies related to food and health. The task force focused on opportunities to strengthen and improve the Supplemental Nutrition Assistance Program (SNAP), which currently provides food assistance to more than 40 million Americans each month at an annual cost of approximately \$68 billion. As the nation's largest food program, SNAP and its predecessor, the Food Stamp program, have played a vital role in alleviating hunger and poverty in the United States for decades.

While food security remains a key policy priority, recent years have also seen increased awareness of the direct link between diet quality and health—and growing concern about high rates of obesity and related chronic diseases in the United States. These trends have many complex causes, among them a food environment that often promotes less nutritious choices and changing work–life demands that make it more difficult, especially for many low-income families, to access fresh ingredients and prepare healthy meals. Against this backdrop, states and the federal government, which together provide millions of Americans—including many SNAP recipients—with health care coverage through Medicaid and Medicare, are in a unique position to make a difference. Their efforts to increase nutrition awareness, promote a healthier food environment, and support better diet choices, especially among vulnerable populations, could have far-ranging benefits for all Americans with a shared stake in improving health outcomes and reducing health care costs.

The task force's specific recommendations, summarized below, target four distinct areas of opportunity: (1) prioritizing nutrition in SNAP, (2) strengthening the SNAP-Education program, (3) aligning SNAP and Medicaid, and (4) coordinating federal and state agencies and programs.

Recommendations

Prioritize Nutrition in SNAP

1. **Make diet quality a core SNAP objective.**

SNAP's current core objectives (food security and fiscal integrity) should be continued and supplemented with an additional, congressionally mandated focus on diet quality and healthy nutrition.

2. **Eliminate sugar-sweetened beverages from the list of items that can be purchased with SNAP benefits.**

Specifically, the Secretary of Agriculture, in consultation with the Secretary of Health and Human Services, should produce a careful and precise definition of sugar-sweetened beverages (SSBs) to remove from the list of items that can be purchased with SNAP benefits.

3. **Support healthy purchases by continuing and strengthening incentives for purchasing fruits and vegetables.**

Research shows that positive incentives for healthy eating, when paired with restrictions on SNAP-eligibility for SSBs, are more effective than either intervention by itself. Pilot programs should continue to explore effective ways to encourage increased consumption of fruits and vegetables.

4. **Authorize funds for USDA to conduct a range of evidence-based pilots to improve SNAP participants' diets.**

Specifically, the task force recommends \$100 million over five years to pilot comprehensive, multi-pronged interventions that address the core objectives of diet quality, food security, and fiscal responsibility.

- 5. Consolidate USDA authority over the agency's nutrition standards and nutrition education efforts.**
The pending merger of USDA's Food and Nutrition Service (FNS) and the USDA Center for Nutrition Policy and Promotion (CNPP) is the ideal moment to consolidate responsibility for overseeing FNS's nutrition and public health missions through a new FNS deputy administrator/CNPP director position.
- 6. Authorize USDA to collect and share store-level data on all products purchased with SNAP funds.**
Collecting and sharing store-level SNAP food purchase data would provide the appropriate level of detail to answer key public health and programmatic questions while avoiding the privacy concerns and higher cost of collecting purchase data for individual recipients.
- 7. Strengthen SNAP Retailer Standards to improve the food environment for all shoppers.**
USDA should implement new stocking rules that increase the availability of healthy foods at SNAP retailers. In addition, USDA should study the feasibility of including evidence-based product placement strategies and restrictions on the marketing of unhealthy products in SNAP retailer standards.

Strengthen SNAP-Education

- 1. Create a robust SNAP-Education infrastructure to support implementation and evaluation of the program.**
Priorities include enhancing technical assistance from USDA regional offices, reducing planning and reporting burdens and restructuring state reports to focus on program impact, developing new tools and components, and sharing of best practices.
- 2. Realign the Expanded Food and Nutrition Education Program to enable it and SNAP-Education to work synergistically while avoiding duplication.**
Currently, the scope of EFNEP overlaps with that of SNAP-Ed. Changing EFNEP's mission from direct nutrition education for the public to instead focus on (1) training SNAP-Ed administrators and programmatic staff on nutrition, physical activity, and obesity prevention, and (2) evaluating obesity-prevention strategies and interventions would help states implement more effective, evidence-based programs for improving diet quality among SNAP recipients.

Align SNAP and Medicaid

- 1. Coordinate SNAP and Medicaid to improve nutrition and diet-related health outcomes.**
The U.S. Departments of Agriculture and Health and Human Services (USDA and HHS) should use their waiver authorities to encourage states to experiment with promising strategies for improving health and nutrition through SNAP.
- 2. Work across congressional agriculture and health committees to better align SNAP, Medicaid, Medicare, and other federal programs to improve the health of participants.**
Joint hearings and select committees could be helpful in identifying potential synergies; a more ambitious and transformational step would be to move toward portfolio budgeting in which all nutrition- and health-related programs, expenditures, and tax policies are considered together.

3. Prioritize nutrition within the Medicaid program.

This could include expanding screening and counseling services, testing the use of incentives to improve nutrition, and including outcome-based measures of malnutrition in quality-based payment systems.

Coordinate Federal and State Agencies and Programs

1. Align programs and data collection related to food and nutrition across USDA and other federal agencies.

Food assistance, nutrition education, and research programs should be aligned across federal agencies, including the Health Resources and Services Administration, the Indian Health Service, the Centers for Disease Control and Prevention, the Department of Defense, the Veteran's Health Administration, and the Department of Commerce.

2. Reduce barriers to sharing data and coordinating outreach across state-administered federal programs.

Federal agencies should clarify how states may use and share data generated by their administration of different federal programs; in addition, the Office of Management and Budget should explore methods for allocating state administrative costs that promote more data sharing and more efficient outreach.

3. Adopt modern technologies for state program administration.

The ability to contract with a broader range of transactions processors would help states modernize SNAP electronic benefit transfer (EBT) technology and reduce program costs. Updated benefits management and enrollment systems could also improve data sharing and program performance.

Conclusion

By providing food security for millions of low-income Americans, SNAP is already delivering important public health benefits. But research also points to substantial opportunities for improving diet quality and health among SNAP recipients. Given the clear links that exist between nutrition, chronic disease, and rising health care costs, task force members believe these opportunities must not go untapped. We recognize that some of our proposals may be controversial, and that broader and deeper changes will be needed over time to achieve a healthy food environment and healthy nutrition for all Americans. Clearly there is bipartisan interest in addressing the intertwined challenges of health and poverty, and broad support for the proposition that public programs should deliver maximum benefits. We are confident that these recommendations can provide a foundation for strengthening SNAP, SNAP-Education, and other federal programs in ways that improve nutrition, promote better health outcomes, and reduce health care costs while continuing to effectively meet the food assistance needs of our most vulnerable citizens.

Introduction

Growing recognition of the role that good nutrition plays in reducing rates of chronic disease and improving overall health points to the opportunities that could be realized by better aligning public programs and policies related to food and health. The federal government, in particular, is in a unique position to take action—both as the provider of health care coverage for millions of Americans through programs such as Medicare and Medicaid, and as a major funder of food programs, such as the Supplemental Nutrition Assistance Program (SNAP), that have the potential to directly affect recipients' diet and therefore their health. In fact, there is significant overlap in participation across these programs (Figure 1). In 2013-2014, among all Medicaid participants, 64 percent receive SNAP benefits, while among all Medicare participants, 13.5 percent receive SNAP benefits.¹ States also have a very large role to play in improving nutrition and health through their administration of Medicaid, SNAP, SNAP-Education, and other programs that target the social, economic, and environmental determinants of health.

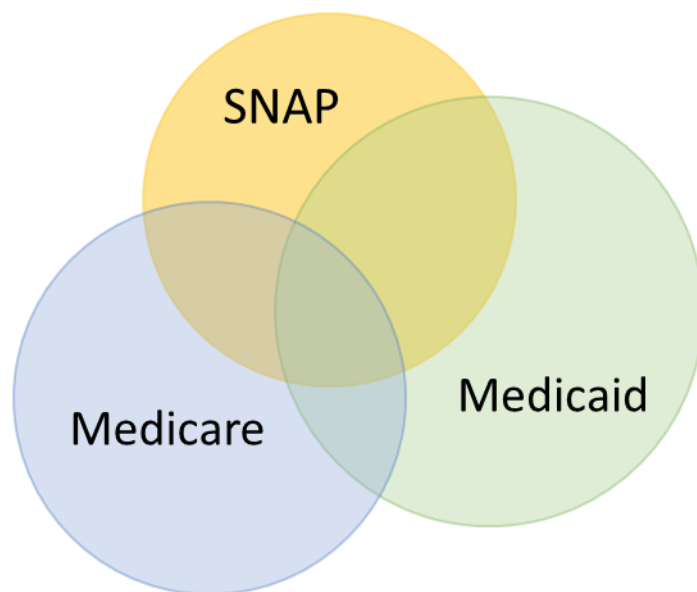


Figure 1. Participation Overlap Among SNAP, Medicare, and Medicaid

Sources: Analysis of 2013-2014 NHANES data¹ and Centers for Medicare and Medicaid Services data²

Cognizant of these opportunities and of the growing imperative to address America's challenges of poor nutrition, rising rates of obesity and related chronic diseases, and growing health care costs, the Bipartisan Policy Center convened a task force to explore how SNAP, the SNAP Education Program (SNAP-Ed), Medicaid, and other important federal programs could be better leveraged to combat poor nutrition, improve health, and reduce health care expenditures nationwide. Of course, almost all Americans need to eat healthier. But for purposes of this report, the task force focused specifically on ways that federal safety net programs could help effect positive change, especially among low-income populations who are most at risk for poor nutrition and poor health.

This report presents the task force's recommendations, which target four distinct areas of opportunity: (1) prioritizing nutrition in SNAP, (2) strengthening the SNAP-Education program, (3) aligning SNAP and Medicaid, and (4) coordinating federal and state agencies and programs.

To provide background and context for these recommendations, the next sections discuss the link between diet quality and chronic diseases, summarize the history and status of SNAP and SNAP-Ed, review current evidence on dietary quality among SNAP recipients, discuss the links between these programs and Medicaid, and describe the food environment in the U.S. more generally. Specific task force recommendations are discussed in greater detail in the last section of the report.

Background

The Links Between Diet, Health, and Health Care Costs

In 2016 Americans spent \$3.3 trillion on health care, or more than \$10,000 for each man, woman, and child in the country.³ At the individual level, of course, expenditures are highly variable: for half the population, annual health care expenses in 2010 fell below \$829, while just 5 percent of the population—including those at the end of life and those with multiple chronic conditions such as diabetes, cardiovascular diseases, and cancer—accounted for 50 percent of total health care spending.⁴ Nonetheless, all Americans have reason to be concerned about rising health care costs given the immediate burden these costs impose on families, employers, and federal and state budgets and given their longer-term potential to crowd out other needed investments. In 2016, combined spending on Medicare, Medicaid, and other insurance programs and subsidies totaled roughly \$1 trillion—more than a quarter of the federal budget.⁵

Even as public and private expenditures on health care have continued to rise, however, Americans overall, and vulnerable subgroups in particular, are not getting healthier. In fact, life expectancy in America fell in 2017, for the second year in a row.⁶ Between 1958 and 2010, the share of American adults who are overweight or have obesity increased to more than 50 percent and the number of Americans with diabetes shot up twelvefold.⁷ Public health researchers estimate that one in three children born in the U.S. after 2000 will develop diabetes.⁸

These patterns help explain why health outcomes for many Americans, despite high levels of health care spending nationally, consistently lag behind those of citizens in other developed countries. Chronic, preventable diseases such as diabetes are important drivers of both poor health and high costs; annual costs for the management and treatment of diabetes alone are estimated to total about \$174 billion in the U.S.,⁹ while the treatment of cardiovascular diseases cost \$318 billion in 2015, with annual costs estimated to reach nearly \$400 billion by 2035.¹⁰ Care for patients with multiple chronic conditions is estimated to account for 71 percent of U.S. health care expenses overall.¹¹ Within Medicare, 93 percent spending is on these patients.¹²

While many factors contribute to the high incidence of chronic disease in the U.S. and to the widening health divide between Americans of different socio-economic and ethnic backgrounds, poor quality diet has emerged as a leading cause of death and disability nationwide. Heart disease, stroke, obesity, type 2 diabetes, certain cancers, immune function, and brain health are all influenced by what people eat.¹³ One recent study found that dietary factors were associated with nearly half of all deaths from heart disease, stroke, and type 2 diabetes (in 2012, 702,000 U.S. adults died from these three diseases alone).¹⁴ There is also active research into the impacts that diet and nutrition can have on mental health and emotional wellbeing.

Growing recognition of the link between diet quality and health has led to a variety of efforts to improve access to quality food, and to educate the public about the importance of healthier eating. The task force focused its attention on SNAP, because it is the country's largest food assistance program, and offers a critical opportunity to reach some of the communities that are most affected by poor quality diets and most vulnerable to associated health risks. Other areas of federal, state, and local policy, of course, may also impact health, even if they are not primarily motivated by—or assessed based on—health-related objectives. Thus, while the task force recommendations focus on SNAP, task force members recognize that many additional opportunities exist for aligning and leveraging different policies and programs in ways that more effectively promote nutrition and health.

The Supplemental Nutrition Assistance Program (SNAP)

Program Overview

The United States, which is a world leader in food assistance programs, has synchronized farm policy and food assistance since the Great Depression, when farm surpluses were collected and distributed to undernourished citizens. That system evolved to become the Food Stamp program, subsequently re-named SNAP in 2008. Like the Food Stamp program, SNAP is administered by USDA subject to policies and funding approved by Congress through the Farm Bill. SNAP is the largest U.S. food program and currently assists over 40 million individuals per month at an annual cost of \$70 billion.

SNAP recipients come from diverse backgrounds: 40 percent are white, 26 percent are African-American, and 11 percent are Hispanic. Asians and Native Americans account for 2.4 percent and 1 percent of SNAP recipients, respectively.¹⁵ Forty-four percent of SNAP recipients are children, 11 percent are elderly adults, and 10 percent are disabled, non-elderly adults.¹⁶ More than 80 percent of SNAP benefits go to households that include a child, a senior, or a disabled individual.¹⁷ SNAP helps almost 1.5 million low-income veterans.¹⁸

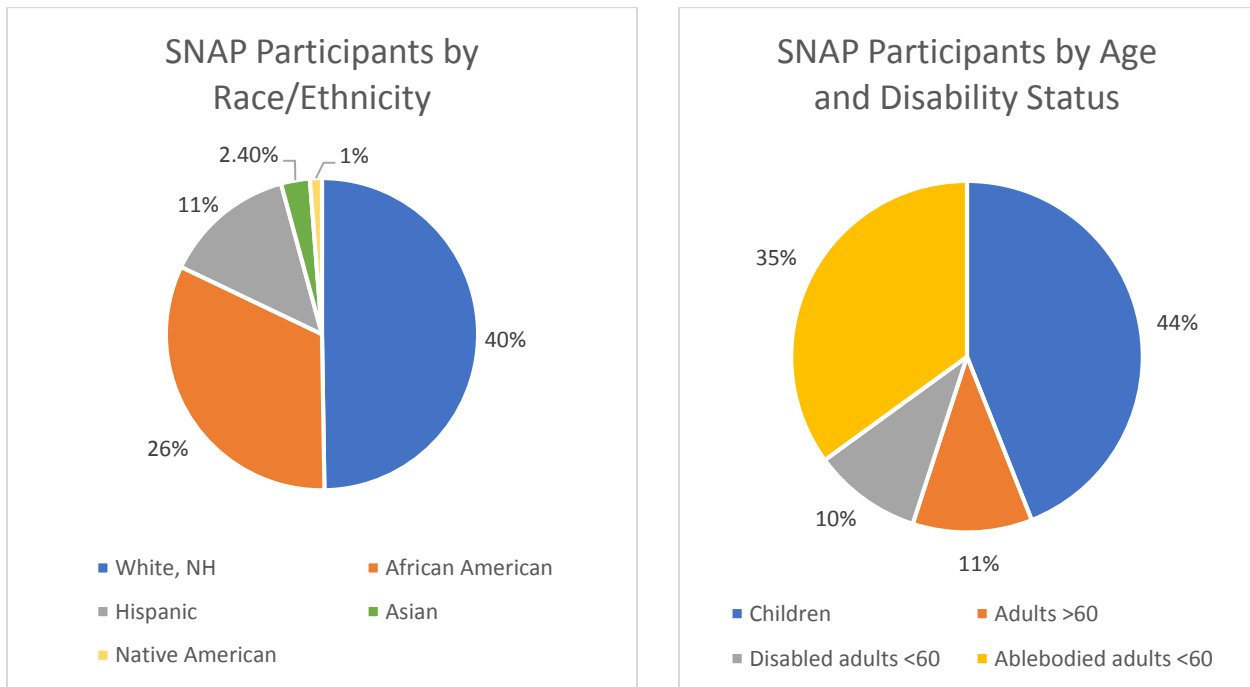


Figure 2. SNAP Participants by race/ethnicity, age, and disability status

Source: USDA^{15,16}

SNAP benefits average about \$1.39 per person per meal,¹⁹ though the program provides up to \$2.10 per meal for individuals receiving the maximum benefit.²⁰ SNAP benefit levels are calculated using USDA's Thrifty Food Plan (TFP). TFP, the most frugal of the four food plans published by USDA, is considered the "national standard for a nutritious diet at a minimal cost," according to USDA.²¹ The adequacy of TFP-based benefits in terms of meeting federal dietary guidelines has been questioned.^{22,23} For example, the National Commission on Hunger in 2015 called for an investigation of the Low-Cost Food Plan as an alternative to the TFP for calculating SNAP benefits would affect food security.²⁴

SNAP and Food Security

Research shows that SNAP is a successful anti-poverty tool, one that responds to economic downturns and substantially reduces food insecurity.^{25,26,27,28,29} The program has reduced the percentage of American households that experience food insecurity by 12-19 percent, and SNAP participants are 20-50 percent less likely to report food insecurity than income-eligible non-participants.^{30,31}

To the extent that SNAP mitigates very low food security, it often leads to positive health outcomes. In SNAP households, children have lower rates of hospitalization compared to similar households not participating in SNAP.³² Child participation in SNAP has been linked to improved cognitive, social, and emotional development³³ and better health in adulthood, including a reduction in the incidence of obesity, high blood pressure, heart disease, and diabetes.³⁴ Compared to low-income, non-SNAP households, mothers receiving SNAP are less likely to experience maternal depression.³⁵ A 2017 study in Maryland found that low-income seniors receiving Medicaid who were also enrolled in SNAP were less likely to be hospitalized and less likely to enter a nursing home in the following year.³⁶ These positive health outcomes can result in lower health care costs. In a 2017 study of more than 4,000 low-income adults, participation in SNAP was associated with a reduction in health care expenditures of approximately \$1,400 per person per year.³⁷

In sum, SNAP has been successful at addressing food security for people living in poverty and is an important source of support to the families who depend on it. SNAP supports household food budgets, thereby freeing family resources for meeting medical needs, and it alleviates the many health issues (low blood sugar, caloric deficiency, stress and anxiety, etc.) that can accompany food insecurity. Thus, the task force supports efforts to strengthen and protect SNAP. Given that food insecurity remains a challenge for many low-income Americans, task force members believe the aim should be to improve the program without making SNAP benefits more difficult to access for those who qualify.

Efforts to Improve Nutrition in SNAP

When Congress launched SNAP's predecessor, the Food Stamp program, in 1964, the problem it aimed to address was undernutrition—at the time, many low-income Americans were unable to access adequate calories and protein. By this measure, the program was successful: later studies found that the Food Stamp program increased food consumption across the board³⁸ and improved child health by easing the financial burden of procuring food for low-income families.³⁹

Decades later, the need has changed: for many low-income families, the problem is no longer a lack of calories. Instead, many of these families have difficulty consistently being able to afford, access, and prepare healthy foods, resulting in malnutrition of another form: an excess of calories with a lack of quality nutrients.⁴⁰ But while federal agencies have largely replaced the term “hunger” with the terms “low food security” and “very low food security” (collectively “food insecurity”)⁴¹ and while the Food Stamp program itself was re-named the Supplemental Nutrition Assistance Program in 2008,⁴² in part to signal a new focus on nutrition, core aspects of the program have not been modified to reflect the health and diet realities of the present.

One early effort to orient SNAP in a new direction was the Healthy Incentives Pilot (HIP), which was introduced in the 2008 Farm Bill and designed to study the impact of point-of-sale incentives for SNAP households to purchase fruits and vegetables or other healthful foods.⁴³ HIP successfully increased produce purchases, though it had no statistically significant impact on the consumption of unhealthy items such as sugary beverages.⁴⁴ Nonetheless, because of the positive effect on produce consumption, the pilot was expanded nation-wide in the 2014 Farm Bill and dubbed the Food Insecurity Nutrition Incentives (FINI) program,⁴⁵ and recent research finds that expanding produce subsidies nationwide through SNAP would be expected to reduce incidence of cardiometabolic disease.⁴⁶

In 2010, Congress adopted the Healthy, Hunger-Free Kids Act (HHFKA, also known as child nutrition reauthorization), which replaced the SNAP nutrition-education matching grant program (SNAP-Education or SNAP-Ed) with a more robust and effective nutrition education and obesity prevention state grant program.⁴⁷ The changes responded to concerns that direct consumer education was not evidence-based and did little to change eating behavior and health outcomes. SNAP-Ed now supports evidence-based nutrition education and obesity prevention strategies and interventions for all low-income Americans through complementary direct-education, multi-level interventions, and community and public health approaches. The SNAP-Education program is discussed in more detail on page 15.

The 2014 Farm Bill also brought stronger SNAP retailer standards: specifically, a new rule that requires all SNAP-authorized retail food stores to provide an increased variety of nutritious staple foods on a continuous basis.⁴⁸ During that same year, Congress created the National Commission on Hunger, which published a series of recommendations for improving SNAP diet quality.⁴⁹ These recommendations are described in more detail in subsequent sections of this report.

Various strategies have been studied to determine whether they have an effect on diet quality within SNAP. Pilots that provide additional benefits specifically to subsidize the purchase of healthy foods have been shown to increase fruit and vegetable consumption with no effect on the consumption of unhealthy foods.^{50,51} Research suggests that increasing monthly SNAP benefits without restricting the use of the additional funds reduces food insecurity and leads to increased food consumption, but not to consistently improved diets.^{52,53} These findings have led some to conclude that the most effective strategy, both in terms of reducing cost and improving health, would be to combine incentives for healthy foods with disincentives for foods that contribute to chronic disease and obesity.^{54,55}

SNAP Diet Quality

Some studies have found the diets of SNAP participants to be equal to or slightly better than those of income-eligible nonparticipants, with participants achieving standard caloric and nutrient intakes.^{56,57} However, an expanding body of literature suggests SNAP participants score lower on the Healthy Eating Index than both income-eligible and higher-income nonparticipants.^{58,59,60} These findings suggest that, despite the program's documented success in reducing hunger and improving food security, SNAP has been less successful in promoting healthy nutrition. This is not surprising given that low-income families face many challenges in providing healthy meals.⁶¹

It bears emphasizing that research into SNAP diets is still developing and results are sometimes inconclusive or conflicting. Many studies have relied on data from the National Health and Nutrition Examination Survey (NHANES) or USDA's National Household Food Acquisition and Purchase Survey (FoodAPS). Both are nationally representative surveys that rely on 24-hour recall and store receipt data. These and other diet data can be distorted by recall problems or bias on the part of respondents. Research has further been hampered by limited retailer data on what SNAP participants routinely purchase. While USDA monitors its monthly payments to retailers, it does not have the same access to retailer data on SNAP purchases. Thus, USDA, apart from FoodAPS, lacks the ability to consistently discern how much of the SNAP budget is spent on specific food and beverage commodities.

A 2012 study that analyzed the dietary intake of 3,835 low-income adults and examined differences in consumption between SNAP participants and SNAP-eligible nonparticipants found that SNAP participants had lower dietary quality scores compared to nonparticipants, as measured by a modified Alternate Healthy Eating Index.⁶² The same study found that, compared to SNAP-eligible nonparticipants, SNAP participants consumed 39 percent fewer whole grains, 46 percent more red meat, and, among women, 61 percent more sugar-sweetened beverages. A 2014 study from the Mayo Clinic found that SNAP participants had lower diet quality than eligible nonparticipants and asserted that

the diet quality of SNAP participants was not showing signs of improvement, despite recent positive trends in diet among Americans as a whole.^{63,64,65} According to a 2015 USDA analysis, SNAP participants were more likely to have obesity, to drink more sugar-sweetened beverages, and to have a lower healthy eating index score in comparison to both income-eligible and higher-income nonparticipants; in addition, children whose families receive SNAP consumed a larger portion of empty calories.⁶⁶ A 2013 study similarly concluded that children who received SNAP benefits had substandard diets, consuming 43 percent more sugar-sweetened beverages, 47 percent more high-fat dairy, and 44 percent more processed meats than income-eligible nonparticipants.⁶⁷

Sales data obtained from a large supermarket chain in the northeastern U.S. from April 2012 to April 2014 revealed that customer transactions paid at least partially with SNAP benefits included lower spending on fruits, vegetables, and poultry, and higher spending on sugar-sweetened beverages, red meat, and convenience foods than transactions that did not involve SNAP.⁶⁸ Another USDA report from 2016, the first of its kind, assessed the content of purchases made with SNAP and found that soft drinks are the number one purchase in terms of share of expenditures by SNAP households and the number two purchase by non-SNAP households.⁶⁹

With strong mandates to focus on nutrition, other USDA feeding programs, by contrast, perform far better with respect to diet quality. For example, the National School Lunch Program, the School Breakfast Program, and the Child and Adult Care Food Program all apply nutrition standards based on the Dietary Guidelines. Designed specifically with child health and development in mind, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides funds to low-income pregnant and breastfeeding women, infants, and children to purchase from an approved list of nutrient-dense foods to supplement their diets. WIC has been repeatedly shown to lower Medicaid costs for participating women, and WIC participation is linked to longer gestation periods, higher birth weight, and lower infant mortality.^{70,71,72}

Clearly Americans from all walks of life need to make healthier food choices. However, given that SNAP is a nutrition assistance program, its success should be measured, at least in part, by its ability to improve nutrition. By that measure, available research suggests there is room to improve SNAP and to enhance the overall benefit it provides—not only to the population it serves, but also in terms of advancing broader national goals with respect to nutrition and health.

SNAP-Education

USDA spends roughly \$1.1 billion annually for nutrition education and promotion across SNAP, WIC, Cooperative Extension Service, and child nutrition programs.^{73,74,75,76,77} With \$414 million in funding in FY 2017,⁷⁸ SNAP-Education (SNAP-Ed) is the largest of these. The program supports evidence-based nutrition education and obesity prevention strategies and interventions for low-income Americans through complementary direct education, multi-level interventions, and community and public health approaches to improve nutrition. It is the primary program authorized and funded by Congress to improve the diets of people who utilize the nearly \$65 billion in SNAP benefits (see Figure 3).

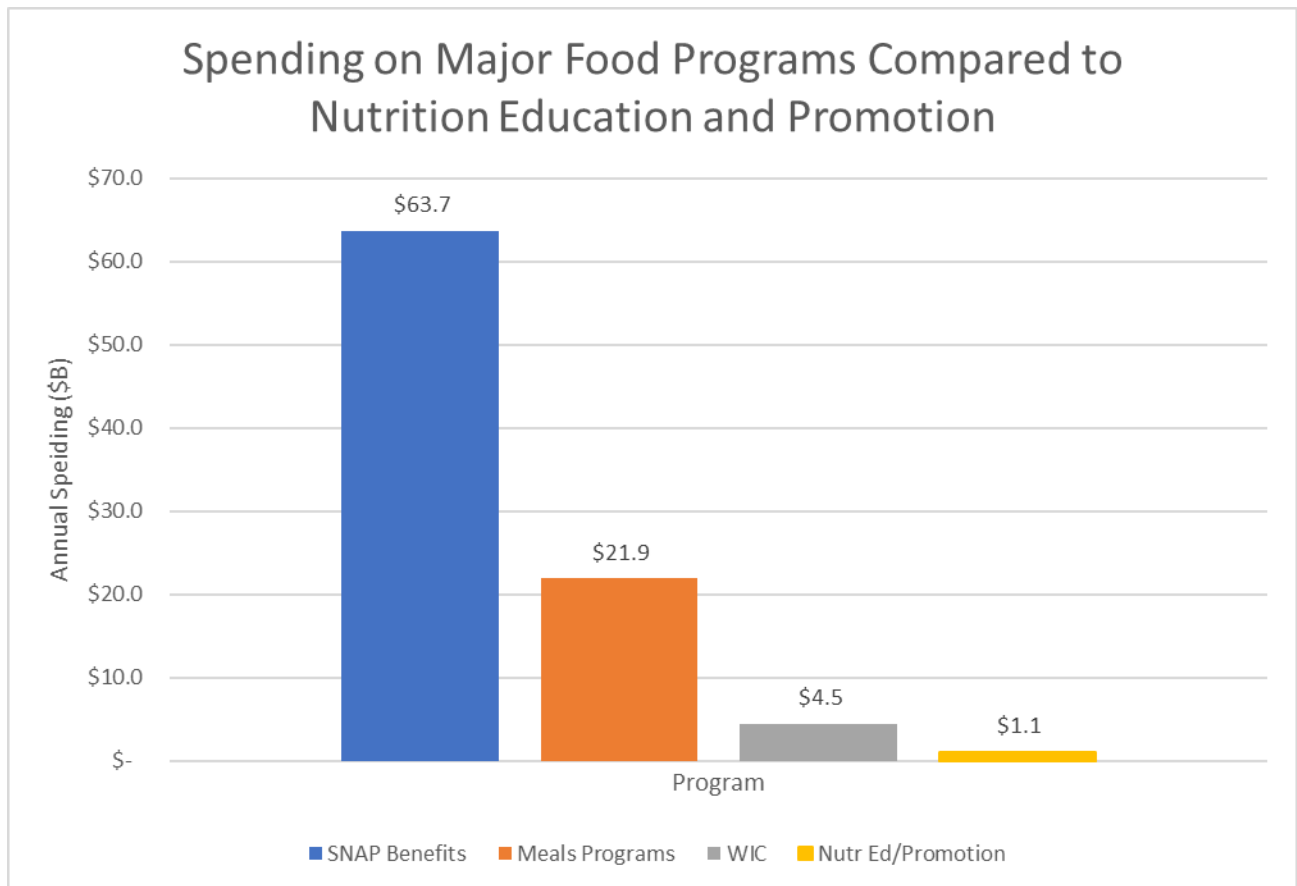


Figure 3. Spending on Major Food Programs Compared to Nutrition Education and Promotion

Notes: (1) “SNAP Benefits” includes only benefit costs.⁷⁹ (2) “Meals programs” include school lunch, school breakfast, the special milk program, Child and Adult Care Food Program, and summer meals.^{80,81,82} (3) “WIC” includes only voucher costs.⁸³ (4) “Education/Promotion” includes SNAP-Education;⁷³ WIC education including breastfeeding support;^{74,75} EFNEP;⁷⁶ and Team Nutrition.⁷⁷

At its start in the 1990s as the Food Stamp Nutrition Education (FSNE) program, SNAP-Ed focused almost exclusively on individual nutrition education. In a sense, it sought to improve diets one person at a time. USDA’s Food and Nutrition Service (FNS) issued messages promoting the Dietary Guidelines for Americans and supported efforts by state and local government agencies, nonprofit organizations, and private industry to educate Food Stamp recipients and their families about nutrition.

During the 2000s, the Office of Management and Budget (OMB) conducted a series of studies to review the FSNE program. OMB gave FNS high marks for program purpose and design but low scores in program results and accountability⁸⁴ and recommended establishing clearer missions and goals, strengthening strategic planning, developing standardized measures, and capturing program results. FNS undertook a comprehensive study of the 2004 FSNE program and concluded that achieving “the standards of excellence in the FSNE Guiding Principles will be relatively easy in some areas, while others will require a great deal of work.”⁸⁵ These challenges were further complicated by significant state-to-state variation in the effectiveness of SNAP-Ed programs, with some states utilizing SNAP-Ed funds to implement creative and results-oriented programs, and others struggling to meet minimal program requirements.

In response to concerns, identified by FNS, OMB, and others, that consumer education was frequently not evidence-based and too often ineffective at changing recipient behavior or health outcomes, the 2010 child nutrition reauthorization bill changed SNAP-Education into the Nutrition Education and Obesity Prevention Grant Program. The new program was explicitly focused on obesity prevention and embraced comprehensive community-based and public health approaches. The law required FNS to consult with the director of the Centers for Disease Control and Prevention (CDC) and other stakeholders to identify evidence-based strategies that could be incorporated into SNAP-Education programming. The aim was to promote expanded and comprehensive programming and to encourage multiple-pronged interventions that reflect the recommendations of the National Academy of Medicine, the CDC, and other expert bodies on what works to improve diets and keep people healthy.^{86,87,88}

To help states create and improve their SNAP-Education programs, USDA has developed a variety of resources. Its yearly SNAP-Education Plan Guidance provides instructions for developing and submitting state nutrition education and obesity prevention grant program plans, commonly referred to as State SNAP-Education Plans.⁸⁹ This guidance also describes FNS's expectations with respect to state SNAP-Education requirements. One resource database, called the SNAP-Education Toolkit, is designed to help states choose and implement evidence-based, SNAP-appropriate policies, systems, and interventions, including nutrition interventions that focus on environmental change.^{90,91} Another resource, SNAP-Education Connection, is an online center for state and local SNAP-Education personnel that provides free educational handouts, websites, recipes, fact sheets, lesson plans, and training for people involved with the program.⁹² States assess the effectiveness of their programs using the SNAP-Education Evaluation Framework and Interpretive Guide, which contains 51 indicators with details, background, research, and measurement instruction.⁹³

SPOTLIGHT: PEARS at Kansas State

Demonstrating the impact of SNAP-Education can be challenging and complex, but tools exist to support states and streamline the evaluation process. For example, Kansas State University has developed an online resource called the Program Evaluation and Reporting System, or PEARS. PEARS automates data collection and analysis from start to finish. SNAP-Education coordinators can track efforts across a broad range of activities in alignment with USDA's SNAP-Education Evaluation Framework, including behavioral change and policy, systems, and environmental (PSE) change. In just a few clicks, administrators can monitor their SNAP-Education programs from a consolidated dashboard that maps and measures project impact. PEARS employs a standardized system for data collection, so interventions can easily be compared statewide. PEARS has dedicated technical support staff who are available over the phone or via email to troubleshoot with SNAP-Education Coordinators and who offer both online and onsite training.

SNAP-Education programs in 20 states are currently using or in the process of deploying PEARS, according to the PEARS team. With the help of tools like PEARS, SNAP-Education administrators can spend less time agonizing over data and more time identifying and implementing successful interventions.

These resources, however, remain underutilized in many other states due, in part, to a lack of programmatic technical assistance from FNS in implementing new evidence-based interventions. There are currently only two full-time staff positions at FNS headquarters dedicated to overseeing the SNAP-Education program and only one part-time position in each of USDA's seven regional offices. The administration of the program is also hindered by cumbersome SNAP-Education plans and end-of-year reports, which have been rendered inefficient and ineffective by years of layered guidance. State evaluation and reporting systems are also duplicative. As a result, state plans can run to thousands of pages, but are primarily

assessed on the basis of fiscal integrity. This leaves very little time for FNS staff to evaluate the effectiveness of states' SNAP-Education efforts.

Nevertheless, since the passage of the last child nutrition reauthorization, SNAP-Education programs across the country are investing more time and resources into evidence-based and community-driven approaches to shaping food and activity environments and linking school-based nutrition education programs with community interventions. Implementing agencies are also conducting their own outcome evaluations, with many promising results, including in California,⁹⁴ Georgia,⁹⁵ Pennsylvania,⁹⁶ and Texas.⁹⁷ FNS is currently funding a much-needed study of recent costs, reach, scope, and obesity-prevention outcomes for SNAP-Education programs.⁹⁸ The results should provide an indication of the progress USDA has made in implementing mandated changes to SNAP-Education.

SPOTLIGHT: Brighter Bites in Texas

Brighter Bites offers a sustainable, scalable model for integrating nutrition education and policy, systems, and environmental change in collaboration with private partners and community leaders. Brighter Bites distributes fresh, donated produce that participants living in low-access communities can pick up and take home. Each week, families receive two bags, containing 50 servings (~25lbs), of a variety of fruits and vegetables, along with recipes, evidence-based nutrition education materials, and a healthy recipe sample to taste. Since 2012, Brighter Bites has delivered more than 15 million pounds of produce and hundreds of thousands of nutrition education materials directly to more than 30,000 families and teachers across Texas.

Brighter Bites in Texas has grown its impact through a unique blend of partnerships: on the public side, with USDA (using SNAP-Education funds); in the private sector, with Sysco/FreshPoint, grocer H-E-B, and Target, among others; with other nonprofits, such as Feeding America food banks; and with partners in academia, including the UTHealth School of Public Health, Texas A&M AgriLife Extension, and MD Anderson Cancer Center. Recently, Brighter Bites launched programs in New York City and the Washington, D.C. area and plans to expand to Florida. With its partners and participating communities, Brighter Bites seeks to empower families to achieve better health by systematically changing the demand for nutritious food at stores and food environments at schools and in homes.

Additionally, the Cooperative Extension Service (CES) and public land-grant universities currently play a significant role in nutrition education for low-income Americans.⁹⁹ Almost half of SNAP-Education dollars were awarded to CES by states in recent years. CES receives an additional \$67 million from USDA for the Expanded Food and Nutrition Education Program (EFNEP), which funds community peer educators to provide direct nutrition education. Both EFNEP and SNAP-Education target families and individuals below 185 percent of the federal poverty level.

While SNAP-Education is the primary tool Congress has provided to improve the diet quality of SNAP recipients, it is only one of many strategies that will be necessary to change diet behavior, improve health, and lower health care costs. SNAP-Education is also currently funded to reach only a small percentage of SNAP families. To change eating behaviors sufficiently to improve health and lower health costs will take a comprehensive program with multiple interlaced strategies, such as those the CDC developed to successfully reduce tobacco use.¹⁰⁰

Whether delivered through SNAP-Education or other programs, nutrition education is a necessary but insufficient tool for improving diet quality. For generations, the government relied on nutrition education initiatives, from the Food Guide Pyramid to MyPlate, as its primary means of promoting

healthy eating. While nutrition education has been shown to increase knowledge, and inspire intent to improve diets, education alone has not been shown to be effective to change behavior and health outcomes in America's food environment where seemingly all factors –price, convenience, marketing, accessibility –push its citizens toward unhealthy food options. In 2012-2013 USDA published two waves of evaluation studies, testing the impact of SNAP education programs on fruit and vegetable consumption and found that education alone was not able to increase intake.^{101,102}

In addition, the lack of coordination among nutrition education programs even within one agency such as USDA, further hamper the effectiveness of nutrition education. As noted, USDA spends roughly \$1.1 billion per year on nutrition education and promotion across SNAP, WIC, and child nutrition. But these FNS activities are administered by the individual programs with little overarching synergy. Better coordinating the nutrition education programs and aligning them with other healthy eating strategies and interventions beginning with USDA would improve the effectiveness of these important investments.

The U.S. Food Environment

As BPC noted in its 2012 report, *Lots to Lose: How America's Health and Obesity Crisis Threatens our Economic Future*, the factors contributing to the rise in obesity and related chronic conditions are numerous, complex, and rooted in the social, economic, cultural and demographic realities of our time.¹⁰³ The report pointed out that “for too many people in too many places—especially those in low-income and minority communities—healthy options are either out of reach or simply not available.” Promoting healthier diets through SNAP is especially important given that the current food environment makes it difficult for many Americans to develop and maintain healthy eating habits. Access to nutritious food has improved in recent years, but it remains uneven across different areas of the country, particularly in rural areas and in low-income communities.¹⁰⁴ At the same time, marketing influences add to an unhealthy food environment and promote unhealthy food choices. In the U.S. in 2016, the food industry spent over \$13.5 billion on advertising, including advertising for unhealthy items and sugar-sweetened beverages.¹⁰⁵ At least \$1.8 billion of this total was spent on marketing that specifically targets children.¹⁰⁶ According to a 2012 Federal Trade Commission report, fast food, carbonated beverages, and breakfast cereals account for 72 percent (\$1.29 billion) of all youth-directed marketing expenditures.¹⁰⁷ In addition, a high volume of often industry-supported conflicting messages about nutrition and food means that much of the public is confused about what to eat and has difficulty evaluating many of the terms commonly used to market foods, such as “natural” or “healthy.”^{108,109} Figure 4 shows the juxtaposition of annual federal spending on nutrition education and promotion programs and the amount spent by the private sector on food marketing.

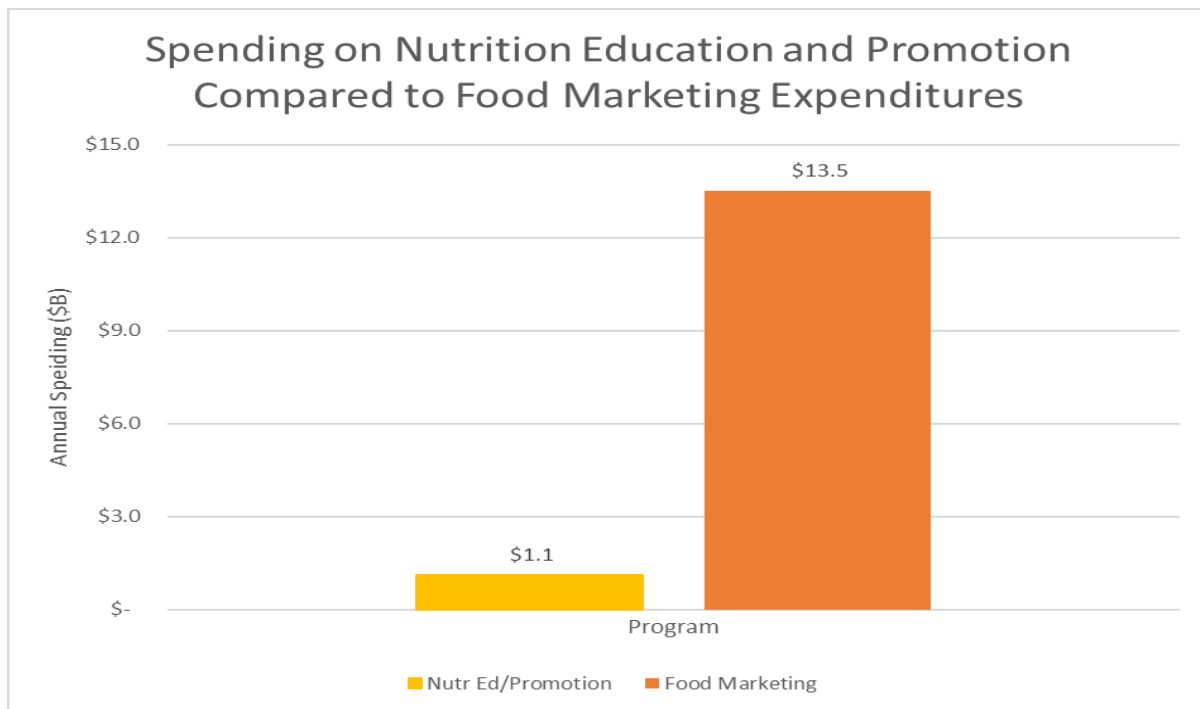


Figure 4. Spending on Nutrition Education and Promotion Compared to Food Marketing Expenditures

Sources: USDA^{73,74,75,76,77} and UConn Rudd Center for Food Policy & Obesity¹⁰⁵

Food accessibility is a common concern when discussing food insecurity. Between 2010 and 2015, the number of low-income households without reasonable access to a supermarket increased.¹¹⁰ Low-income zip codes have 30 percent more convenience stores, which tend to lack healthy food items, compared to middle-income zip codes.¹¹¹

Even when supermarkets or grocery stores are accessible, every aspect of these establishments—from floor plan and shelf layout, to lighting and music—is designed to promote the purchase of high-margin products and to encourage customers to buy products they had no intention of buying when they walked in the door.¹¹² One important way food retailers maximize profits is by charging fees to determine the placement of specific products in grocery stores. Not surprisingly, placement fees are often used to promote more profitable but less healthy products. The supermarket chain Safeway reported profits of \$9.7 billion in 2014. According to an analysis of the company’s annual filing with the Securities and Exchange Commission, about \$2.5 billion of Safeway’s revenues came from placement and display fees.^{113,114}

One result of these interconnected factors and influences is that the easiest food choices, for many Americans (and not only SNAP recipients), are often high in calories; high in added sugar, salt, and unhealthy fats; and low in micronutrients and fiber. To improve diets in America, the healthiest choices should be easier choices. Achieving this goal is likely to require a multi-faceted strategy that deploys behavioral economics, information and education, and incentives and disincentives or restrictions.¹¹⁵ At the same time, more research is needed to inform dietary guidelines, determine how accurate dietary information can be communicated more effectively, and identify which interventions and policies are most likely to be successful in improving diet quality and promoting healthy nutrition, particularly among vulnerable populations.

Currently, states have the option of using SNAP-Ed funds to work on their own or collaboratively with food production and retail partners to improve food marketing to SNAP recipients. Though SNAP-Ed's roughly \$400 million in annual funding pales in comparison to the food industry's \$13.5 billion in annual food marketing expenditures, these partnerships can be an important first step in addressing this major driver of food purchases.

Medicaid

Medicaid is the largest public source of support for medical and health-related services for low-income Americans. The program, which provides health insurance to eligible recipients, is jointly funded by states and the federal government, and administered by the states. In 2016, enrollment in Medicaid reached 72.2 million and total program costs reached \$575.9 billion, of which the federal government covered \$363.4 billion, or about 63 percent.¹¹⁶ The remainder was paid by states, which administer their Medicaid programs under federal guidelines that specify a minimum set of services that must be provided to certain categories of low-income individuals. Subject to those requirements and other statutory limits, states have some flexibility in how they administer Medicaid and determine its scope. States may choose to make additional groups of people eligible (for example, they can extend coverage to individuals who have income above the standard eligibility limits or who have high medical expenses relative to their income); states may also choose to provide additional benefits.

Medicaid offers a number of preventive health care services, some of which address obesity and diet-related disease issues.¹¹⁷ For children enrolled in Medicaid, the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit covers all medically necessary services, which can include obesity-related services. For adults, states can choose which services to provide—most states currently cover at least one obesity treatment.¹¹⁸ The Affordable Care Act (ACA) called for states to design public awareness campaigns to educate Medicaid enrollees about the availability and coverage of preventive services, including obesity-related services.¹¹⁹ To help states meet this requirement, the Centers for Medicare and Medicaid Services (CMS) hosts calls and webinars regarding coverage and promotion of preventive services, develops fact sheets, and shares examples of state efforts to increase awareness of Medicaid preventive services.

States have many opportunities to coordinate Medicaid and SNAP enrollment. Though eligibility criteria could be better aligned between the programs, many states are already working toward better integration through data sharing, coordinated policies, and use of the same eligibility systems as they streamline and modernize their public benefits delivery systems. For example, some states are employing targeted enrollment strategies to efficiently identify and enroll eligible individuals in Medicaid, or to facilitate Medicaid renewal without the need to complete a new application or renewal form. Although existing levels of integration between Medicaid and SNAP vary widely across states at present, states have several options and opportunities to improve coordination and help participants access and retain benefits while significantly reducing administrative burdens. Such streamlining opportunities could make it possible for state and county workers to spend less time on individual people's issues, deal with fewer inquiries regarding discontinued benefits, and process fewer re-applications.

Since the release of CMS guidance for facilitating Medicaid enrollment options, the targeted enrollment strategies discussed in that guidance, which were used by six states, resulted in an additional 725,000 Medicaid enrollments between October 2013 and January 2015.^{120,121} Several states are working to improve awareness and use of obesity-related services by Medicaid-eligible individuals, including MassHealth's "Mass in Motion," Missouri's PHIT Kids (Promoting Health in Teens and Kids) weight

management program, and the Texas Medicaid Child Obesity Prevention Pilot. Several states are also working with managed care organizations to implement performance improvement projects focused on screening for body-mass index (BMI) and referral for healthy weight and physical activity counseling. While states are taking different approaches to the problem, there is broad recognition that obesity and obesity-related diseases are very costly.

Recommendations

Prioritize Nutrition in SNAP

Over the last decade, Congress has slowly moved in the direction of prioritizing nutrition in SNAP. In 2008, the program was renamed SNAP from Food Stamps, in part to signal an increased focus on nutrition.¹²² That same year, Congress authorized the Healthy Incentives Program that informed the creation of the FINI program in 2014. And in 2010, Congress reoriented the SNAP-Education program from a sole focus on direct nutrition education to more effective obesity prevention efforts. The task force's recommendations for further prioritizing nutrition in SNAP build on these important steps.

1. Make diet quality a core SNAP objective.

Within SNAP, core objectives are the metrics against which federal and state program administrators are judged. SNAP currently has two core objectives: (1) fiscal integrity and (2) food security. Measures of fiscal integrity, such as improper payment and fraud rates, enable program administrators to closely monitor the performance of SNAP's fiscal safeguards. Thanks to these measures and safeguards, SNAP has some of the lowest rates of fiscal error and fraud of any federal assistance program. Food insecurity measures are designed to ensure that SNAP continues to deliver on its original mission of addressing hunger in America. A long track record of successfully meeting these measures has resulted in a strong SNAP program that enjoys wide public support.^{123,124}

The task force believes that SNAP's current core objectives are critically important and should be continued and supplemented with an additional focus on diet quality and healthy nutrition. Adding a diet quality component to SNAP's current core objectives could be accomplished via the 2018 Farm Bill, an Executive Order, or a voluntary internal policy change at USDA. Once this core objective is in place, USDA should report annually on the quality of SNAP recipients' diets using science-based metrics such as USDA's Health Eating Index. In addition, USDA should report on any policy changes that have been made to improve diet quality and nutrition, the impact of USDA policies on diet quality and healthy eating, and any additional authorities that USDA has identified it needs to improve diet quality, nutrition, and healthy eating.

2. Eliminate sugar-sweetened beverages from the list of items that can be purchased with SNAP benefits.

The task force recommends that the Secretary of Agriculture, in consultation with the Secretary of Health and Human Services, produce a careful and precise definition of sugar-sweetened beverages (SSBs) to remove from the list of items that can be purchased with SNAP benefits. FNS should also work to standardize this definition of SSBs for use across its programs, rather than using different definitions of SSBs for SNAP and the various meals programs it administers. FNS should also provide guidance and assistance to help stores comply with new rules concerning SSBs, which may present technological challenges for some stores similar to those they face participating in the WIC EBT program. Because of these challenges, smaller stores may need more time to adjust. However, the task force believes that any new restrictions would be minimally disruptive given that SNAP restrictions already exist, on items such as tobacco, alcohol, hot prepared foods, and paper goods.

It is appropriate to target SSBs specifically because, while added sugars are rarely if ever conducive to good health, a growing body of research finds that SSBs have particularly pernicious effects: unlike almost all other foods or beverages, they have no nutritional value, and only cause harm to health without benefits. Per serving, SSBs are associated with greater long-term weight gain than nearly any other dietary component.¹²⁵ Independent of weight gain, SSB consumption is also linked to diabetes and coronary heart disease.¹²⁶ For every one-to-two daily servings of SSBs consumed, an individual's lifetime risk of developing diabetes increases by 30 percent.¹²⁷ This is concerning considering that the average number of servings of SSBs consumed by low-income adults (both SNAP participants and income-eligible nonparticipants) is almost three per day.¹²⁸ Additionally, these products do not contribute to the two main objectives of SNAP, which are to improve nutrition and to reduce food insecurity. Importantly, restricting SSBs would be expected to significantly reduce obesity prevalence and type 2 diabetes incidence, particularly among adults ages 18-65 and some racial and ethnic minorities.¹²⁹

Low prices and targeted marketing campaigns make low-income populations particularly susceptible to the overconsumption of SSBs, and to the devastating and costly health risks their consumption entails. Thus, limiting SSB consumption within SNAP is both a logical and vital intervention.

A study of attitudes toward federal food programs suggested that a majority of SNAP participants would support removing SNAP benefits for SSBs.¹³⁰ In one representative sample of 7,500 registered voters, more than 70 percent supported restricting SSB purchases in SNAP.¹³¹ Leading health authorities support efforts to limit SSB consumption, including the Dietary Guidelines for Americans,¹³² the CDC,¹³³ the National Academy of Medicine,¹³⁴ and the World Health Organization.¹³⁵ In its report to Congress, the bipartisan National Commission on Hunger recommended excluding a "carefully defined class of sugar-sweetened beverages from the list of allowable purchases with SNAP benefits."¹³⁶ Some argue that a restriction would have no effect on nutrition because SNAP benefits are fungible, meaning people would simply use their own money to purchase SSBs. However, economists have found that SNAP benefits are only partially fungible, which suggests that a restriction would likely reduce overall SSB consumption among SNAP recipients.¹³⁷

Beyond the health and cost-saving benefits of restricting SSB consumption, there is tremendous symbolic power in demonstrating USDA's prioritization of health over commercial interests that, through their promotion of unhealthy foods, perpetuate chronic disease. Given that purchases of unhealthy foods are a frequent, if often anecdotal, cause for criticism of the SNAP program, this policy change could also help blunt negative views of the program and reduce the stigma experienced by SNAP recipients.

3. Support healthy purchases by continuing and strengthening incentives for purchasing fruits and vegetables.

Research has shown that positive incentives for healthy eating, when paired with restrictions on SNAP-eligibility for SSBs, are more effective than either intervention by itself.¹³⁸ In the 2014 Farm Bill, Congress authorized \$100 million over five years for Food Insecurity Nutrition Incentive (FINI) pilot programs. The results from these pilot programs could serve as a roadmap for any future programming related to incentives for fruit and vegetable consumption within SNAP. Such pilot programs should (1) base the receipt of, and restrict the use of, incentive funds to fruit and vegetable purchases; (2) include coordination with state or local SNAP-Ed implementing agencies; (3) take place at locations where SNAP recipients typically shop; (4) include a partnership with a health system and specifically target

populations that experience disproportionately high rates of diet-related diseases; and (5) test the combination of SSB restrictions and healthy food incentives.

4. Authorize funds for USDA to conduct a range of evidence-based pilots to improve SNAP participants' diets.

An investment of \$100 million over five years would allow USDA to pilot other comprehensive, multi-pronged healthy-eating interventions that include education and policy, systems, and environmental change strategies and that address at least two of SNAP's three core objectives (i.e., diet quality, food security, and fiscal responsibility).

There are myriad ways USDA could use such pilots to evaluate and improve the diets of SNAP participants. One priority should be to test whether the Low-Cost Food Plan improves nutrition and health. Another priority should be to test innovative delivery models for foods purchased with SNAP benefits, such as home-delivered groceries, meals from school food service authorities, and prepared foods or meals (in-store or delivery). For example, Medicaid currently has requirements in place for vendor participation and standards for the delivery of certain nutritional values within home-delivered meals. USDA could allow SNAP dollars to be used to obtain meals from already approved vendors.

If SSBs are not restricted across the program, USDA should conduct the formative research outlined in its 2017 research plan and begin to test strategies that pair SSB restrictions with healthy food incentives for maximal effect, as noted above.¹³⁹

To ensure that the best strategies identified through these pilots can be scaled, USDA needs an evaluation framework to compare how each of its pilot programs meets the three core objectives of the program and to assess scale-up costs and feasibility. This evaluation framework would enable USDA to report to Congress on which of its pilots it recommends for program-wide expansion.

Outside of federally funded pilot programs, USDA should also develop an efficient and transparent system for reviewing waiver applications from states that wish to undertake nutrition- and health-focused SNAP pilots using other sources of funding. Pilot programs conducted through waivers should be held to the same standards as their federally funded counterparts in terms of the proposed program's ability to improve health through nutrition. Like federally funded pilots, state pilots conducted through waivers should also be required to collect and report data to the public.

5. Consolidate USDA authority over the agency's nutrition standards and nutrition education efforts.

Currently, FNS has an administrator, but no overall deputy administrator. The pending merger of FNS and CNPP is the ideal moment to fill this void. Specifically, we recommend the creation of a revised position with dual responsibilities as both the CNPP director and the deputy administrator of FNS with responsibility for overseeing FNS's nutrition and public health missions. The new FNS deputy administrator/CNPP director would be responsible for overseeing the nutrition standards of all fifteen nutrition programs and would have line responsibility for FNS's nutrition education and obesity prevention programs, including SNAP-Ed, WIC nutrition education, and the Team Nutrition.ⁱ This change would be a crucial step toward making nutrition and public health a more integral, organized, and cohesive aspect of all USDA's food programs while also protecting the missions of both CNPP and FNS. It

ⁱ Team Nutrition is a training and technical assistance program run by FNS to support child nutrition programs.

would also allow Congress to hold one person accountable for FNS's performance when it comes to nutrition.

6. Authorize USDA to collect and share store-level data on all products purchased with SNAP funds.

Collecting and sharing store-level SNAP food purchase data with relevant state and federal administrators would provide a critical window into the diet quality of SNAP recipients. States could use the information to assess the nutritional quality of SNAP purchases, both at the state level and at more granular levels such as counties, cities, or neighborhoods. Understanding what foods are being purchased in which areas would allow states to target their SNAP-Ed and other diet-improvement efforts and to gauge the impact of these interventions. This level of evaluation would also be very valuable to USDA in allocating competitive grant funds and providing technical assistance to state SNAP-Ed administrators, and to states in planning and evaluating SNAP-Ed and other state programs to improve the nutrition and health of SNAP recipients. While purchase data collected at the individual level may be valuable for evaluators, health care payers, and health care providers, privacy and cost must be carefully considered. This task force believes that further discussion is needed with various stakeholders to determine who should collect and share these data and how to ensure participant consent.

New data collection requirements would only apply to stores with integrated electronic cash register systems (IERCs), which represent about half of all SNAP retailers and account for 80 percent of all EBT redemptions.¹⁴⁰ The hardware and item-level databases inherent to IERCs mean that stores are already capable of collecting item-level information—and indeed many stores already collect this information for their own purposes—so these systems would only need software modifications to be able to transmit this data to FNS and a place to digitally store the data. FNS and EBT processors would also need to implement software and data storage systems to receive and process the data. Estimates suggest that a system for transmitting the data would cost FNS approximately \$3.9 million for initial set-up and \$2.8 million per year to operate.¹⁴¹ Costs to stores would vary greatly depending on sales volume and on whether a store was part of a chain that could pool costs. Cost estimates range from \$1,000 to \$7,800 per store for initial set-up and \$1,100 to \$8,100 per year to operate. Since the cost to stores would vary greatly, FNS could opt to implement data collection only at the subset of stores that would be the least burdened by this requirement. Lastly, the companies that process SNAP EBT transactions would collectively incur approximately \$5 million in initial set-up costs and \$4.4 million in annual operation costs.

While USDA collects store-level data on the total dollar amount of SNAP benefits redeemed at each authorized retail location, USDA does not currently have the authority to routinely collect information about what types of foods and beverages are purchased with these benefits. Under the Paperwork Reduction Act of 1980 (PRA), the Office of Information and Regulatory Affairs within OMB needs to approve new types of data collection based on an assessment that weighs the benefits to the government of obtaining new information against the burden (in this case, to food retailers and EBT processors) of collecting it. If OMB were to deny new store-level data collection requirements under the PRA, Congress has the authority to directly instruct USDA to begin collecting these data and can waive the OMB approvals required under the PRA.

7. Strengthen SNAP Retailer Standards to improve the food environment for all shoppers.

The number of eligible SNAP retailers increased by 49 percent from 2007 to 2012 due, in part, to a 77 percent increase in SNAP participation over the same timeframe that was spurred by the Great Recession.^{142,143,144} To improve the availability of healthy foods at SNAP retailers, the 2014 Farm Bill instructed USDA to make changes in the food stocking requirements that apply to SNAP-eligible retailers. Specifically, USDA was instructed to increase the number of categories containing perishable items that retailers are required to offer from two to three and increase the number of varieties of items offered per category from three to seven.¹⁴⁵ When writing the rule to implement these new stocking standards, USDA exercised its existing authority to also increase the minimum number of units of each food item available for purchase per variety. However, in January 2017, Section 765 of the Consolidated Appropriations Act of 2017 halted these changes in the requirements pertaining to perishable items and varieties per category. As a result, a new rule that contradicts the 2014 Farm Bill and the current U.S. code went into effect in January 2018.¹⁴⁶ The task force believes that stocking standards for authorized SNAP retailers should reflect the requirements of the 2014 Farm Bill: specifically, three categories with perishable items and seven varieties per category, along with USDA's current proposal for three stocking units per variety. Implementing improved stocking standards for SNAP retailers would improve the food environment in smaller and more remote stores where communities already have the least access to healthy foods. In small stores that may have difficulty complying with these new regulations, USDA should err on the side of education and technical assistance rather than dropping these stores from the program.

More broadly, USDA pays SNAP retailers a significant amount of money and this money should be leveraged to promote the purchase of healthy foods. To that end, USDA should study the feasibility and potential impact of (1) incorporating evidence-based product placement strategies for nutritious foods into the SNAP retailer standards and (2) introducing restrictions on the marketing of unhealthy products into the SNAP retailer standards. If SNAP participation for retailers was contingent upon displaying the requisite category foods in a prominent manner, healthier foods (which would be more readily available under the new stocking standards) would be better positioned to compete with the unhealthy convenience foods that more often benefit from company-sponsored product placement. These efforts would be consistent with the National Commission on Hunger's recommendation that Congress "use evidence-based product placement strategies that encourage purchase of healthy products with SNAP benefits, and tie it to SNAP eligibility for stores."¹⁴⁷ In the interim, states should explore the use of the SNAP-Education funds to (1) market healthier foods, (2) work with retailers to improve their food environments to promote healthier purchases, and (3) partner with food companies to improve marketing to SNAP recipients.

Strengthen SNAP-Education

Congress has supported SNAP-Education as USDA's primary tool for improving the diets of SNAP recipients. With changes introduced under the 2010 child nutrition reauthorization, SNAP-Education has the potential to deliver a carefully constructed program of evidence-based nutrition strategies and interventions that could play an important role as part of a multifaceted effort to improve diet quality. However, a lack of technical and financial support has prevented SNAP-Education from reaching its true potential. In its 2015 report to Congress, the National Commission on Hunger proposed strengthening SNAP-Education to ensure that the program leads to measurable improvements in the health of SNAP recipients.¹⁴⁸ The task force recommends several actionable steps to improve SNAP-Education.

1. Create a robust SNAP-Education infrastructure to support implementation and evaluation of the program.

Although SNAP-Education has developed many valuable implementation components and tools, it lacks the day-to-day support from FNS headquarters and regional offices that is needed to help states construct and implement effective SNAP-Education plans and deliver maximum benefits. After SNAP-Education was updated in the 2010 child nutrition reauthorization, USDA established some infrastructure for technical assistance in the form of Regional Nutrition Education and Obesity Prevention Centers of Excellence (RNECE).¹⁴⁹ However, these centers are no longer funded because of a spending prohibition introduced by Congress beginning in FY 2017.

USDA and Congress faced a similar challenge with the SNAP Employment and Training (SNAP E&T) program. The response was to build a strong program infrastructure that helped states create effective programs. Enhanced technical assistance on program planning from USDA and its regional offices would also make SNAP-Education more efficient, effective, and easy to use for states and localities. For example, beyond enhancing relationships and synergy with state SNAP offices, having a dedicated full-time SNAP-Education official in each of USDA's FNS regions, as is now done for SNAP E&T, could help disseminate proven models and best practices, and create community-mapping tools (e.g., see recommendation 6 in previous section) to better understand food environments, to name just a few possibilities.

We also recommend that USDA support a redesigned, automated guidance and planning process that enables states to submit their SNAP-Education plans and report electronically to a publicly accessible database. This would reduce the planning and reporting burden placed on states while enhancing technical assistance and sharing of best practices. For example, the current Education and Administration Reporting System is outdated and cumbersome when it comes to reporting state SNAP-Education activities and statistics. It should be replaced by a more nimble, informative database.

Enhancing SNAP-Education infrastructure would require a new authorization in the amount of \$7 million per year: \$2 million for support personnel and \$5 million for research and evaluation. The research funds would enable USDA and states to design, assemble, implement, and evaluate SNAP-Education plans using the existing SNAP-Education Evaluation Framework, with the goal of creating more effective programming. Other programs, such as the SNAP E&T pilots or USDA's Team Nutrition, can serve as models for building successful national, regional, and state infrastructure.

In addition to bolstering SNAP-Education infrastructure, USDA should continue to expand its updated State Nutrition Action Committees (SNAC) program to encourage states to develop nutrition and food systems plans that reflect states' priorities for combating food insecurity, diet-related disease, obesity, and associated nutrition-related diseases. States should then use this information to drive their SNAP-Education plans. USDA should allow states to use SNAP-Education funds to cover SNAC expansion costs.

2. Realign the Expanded Food and Nutrition Education Program to enable it and SNAP-Education to work synergistically while avoiding duplication.

The Cooperative Extension Service has created a feedback loop of experimentation, learning, and encouragement for communities across the country to respond to food-related challenges using evidence-based approaches. However, as noted earlier, there is duplication between EFNEP and SNAP-Education. Updating EFNEP's nutrition education mandate would allow CES to work synergistically with SNAP-

Ed in ways that more effectively harness CES's access to research and education expertise at land-grant universities.

Specifically, the task force recommends changing EFNEP's mission from direct nutrition education for the public to instead focus on (1) training SNAP-Ed administrators and programmatic staff on nutrition, physical activity, and obesity prevention and (2) evaluating obesity-prevention strategies and interventions within their county or state. This change would accelerate progress toward identifying and implementing evidence-based interventions and helping states assemble these interventions into effective programs for improving diet quality among SNAP recipients.

Align SNAP and Medicaid

With strong correlation between participation in SNAP and Medicaid, there is untapped potential to better coordinate these two programs to improve nutrition and lower health care costs. There are also opportunities to improve nutrition within Medicaid populations regardless of their participation in SNAP.

1. Coordinate SNAP and Medicaid to improve nutrition and diet-related health outcomes.

Under current law, USDA has very broad authority to grant state waivers for pilots to improve the efficacy or delivery of SNAP benefits to eligible households. Also, under section 1115 of the Social Security Act, states may submit applications to CMS to waive various Medicaid requirements and allow states to use federal Medicaid funds in ways not otherwise allowed under federal rules. The CMS Center for Medicare and Medicaid Innovation also has the authority to test health care delivery models that are likely to improve quality and lower costs in Medicare, Medicaid and the Children's Health Insurance Program. No statutory authority currently exists to combine SNAP and Medicaid data and funds. We propose making it easier to do this under new joint waiver authority that could allow states to leverage the two programs together to improve food security, nutrition, and diet-related health outcomes. To facilitate states' use of such authority, USDA and the Department of Health and Human Services (HHS) could create model joint waivers.

With these waivers, states could, for example, explore voluntary programs that use individuals' SNAP funds to offset some of the costs of providing nutritionally sound, home-delivered meals to carefully defined subsets of dually enrolled SNAP and Medicaid recipients. For example, states could design such waivers to target these resources to participants with physical limitations that impair their ability to procure and prepare food. Or states could focus waivers on medically-tailored, home-delivered meals for individuals who are at risk for malnutrition after a hospital discharge or who have an acute or chronic condition and would greatly benefit from medically tailored meals.

Research indicates that medically tailored meals, in certain circumstances, can save money for Medicaid or other insurers.¹⁵⁰ The ability to utilize SNAP funds could increase these potential cost savings by increasing SNAP participants' access to medically tailored meal services. Participation in such demonstrations should be optional and voluntary for individuals, and the use of SNAP funds should be capped at the individual participant's share of their household monthly SNAP benefit. Another example use of this waiver authority could be to allow states to implement nutrition policies within SNAP (such as incentives, disincentives, or restrictions) and reinvest any Medicaid savings back into healthy eating incentives or other nutrition-promotion activities.

SNAP and Medicaid eligibility criteria and income accounting rules, where similar, should also be aligned to facilitate joint applications and joint re-certifications.

2. Work across congressional agriculture and health committees to better align SNAP, Medicaid, Medicare, and other federal programs to improve the health of participants.

Although food and health are inextricably related, congressional committees such as Senate Finance; Senate Health, Education, Labor, and Pensions (HELP); House Ways and Means; and House Energy and Commerce, which have jurisdiction over health policy and programs like Medicare and Medicaid, rarely collaborate with the agriculture committees that have jurisdiction over food and nutrition programs. Holding joint hearings and creating select committees that can bridge the divide between these groups would promote shared understanding of perspectives and more thoughtful consideration of the synergies between food policies and programs and national health.

A more comprehensive and transformational approach would be to implement portfolio budgeting for nutrition and health. Under current, long-standing budgeting processes, mandatory programs (e.g., SNAP, Medicaid, Medicare), discretionary spending (e.g., WIC and NIH and CDC research appropriations), and tax policies (including specific taxes or deductions that encourage or discourage certain behaviors or purchases) are evaluated separately and on asynchronous schedules. Portfolio budgeting would involve selecting one or more national priorities—such as nutrition and health—and assessing all related government programs, expenditures, and tax policies together to develop a comprehensive approach to advancing those priorities.^{151,152}

3. Prioritize nutrition within the Medicaid program.

Beyond direct coordination of SNAP and Medicaid, there are additional opportunities to utilize Medicaid to promote improved nutrition among SNAP participants and other low-income individuals. For example, states are currently required to cover nutrition screening and counseling services recommended by the U.S. Preventive Services Task Force within their Medicaid “expansion” population. These screening and counseling services could also be expanded to states’ “traditional” Medicaid population. My Healthy Weight is a recently announced BPC initiative to encourage states to do this; four states’ Medicaid agencies have already committed to participate and will offer intensive behavioral therapy and community-based programs to all qualifying beneficiaries starting in 2019.¹⁵³ States with cost-sharing waivers in place could also test the use of incentives (reduced premium cost-sharing, co-pays, deductibles, etc.) to increase the utilization of covered nutrition services or other specific interventions.

Additionally, CMS and the National Quality Forum (NQF) should assess whether outcomes-based quality measures for malnutrition could be used in quality-based payment systems. Four process-based quality measures for malnutrition are currently being validated by CMS and NQF. Once approved, these measures will be used to incentivize hospitals to screen, assess, diagnose, and create treatment plans for patients with malnutrition. While these measures are collectively an important first step, quality measures that assess hospitals based on patient outcomes would have a greater impact than measures based only on the use of good practices.

Coordinate Federal and State Agencies and Programs

Beyond SNAP and Medicaid, there are a number of other programs and agencies that could be coordinated to improve nutrition. Some of the recommendations that follow target opportunities for coordination that would directly improve nutrition for certain individuals or groups, others take a more holistic look at how programs that affect nutrition are governed, and some address administrative efficiency.

1. Align programs and data collection related to food and nutrition across USDA and other federal agencies.

The federal government administers many different types of programs that are closely related to food assistance and nutrition education out of several different departments. Programs are often housed in certain agencies based on the populations they serve or the location of services. But to the people served by these programs, this is often a distinction without meaning. Accordingly, food assistance, nutrition education, and research programs should be aligned across federal agencies.

Specifically, USDA could work with:

- The Health Resources and Services Administration to align SNAP-Ed efforts and programs and activities at Federally Qualified Health Centers to support healthy eating among SNAP recipients;
- The Indian Health Service to explore how SNAP and the Food Distribution Program on Indian Reservations (FDPIR) could help address higher rates of diet-related disease and health disparities among Native Americans;¹⁵⁴
- The Department of Defense to support its healthy eating initiatives within Operation Live Well, the individual services, and the Department of Defense Education Authority;
- The Veteran's Health Administration to extend SNAP-related healthy eating incentive programs, such as vegetable prescriptions, to low-income veterans;
- The CDC to add relevant diet, health, and program participation questions to surveys such as the Behavioral Risk Factor Surveillance System; and
- The Department of Commerce and CDC to coordinate surveys that include the household food security module, such as the Current Population Survey (Census Bureau), the Survey of Income and Program Participation (Census Bureau), the National Health and Nutrition Examination Survey (CDC), the Behavioral Risk Factor Surveillance System (CDC), and the Food Acquisition and Purchase Survey (USDA). This survey information could be used to better understand food insecurity in the fuller context of program participation, health and nutrition, and the food environment.

2. Reduce barriers to sharing data and coordinating outreach across state-administered federal programs.

States administer a variety of federal programs, often within the same department or agency, but each program comes with its own limits on how information about individuals enrolled in the program can be used. Often, rules about the use of data generated through the administration of federal programs or grants are governed by multiple agencies, including the Internal Revenue Service (IRS), HHS, the Department of Housing and Urban Development (HUD), CDC, USDA, and others. Given that technology now allows much more cross-program collaboration than was ever previously possible, federal agencies should proactively clarify exactly how states may and may not use the data they generate in one federal

program to inform their administration of other programs. For example, could a registered dietitian counseling a patient who is enrolled in Medicaid, SNAP, and WIC have access, through the patient's medical record, to the list of programs the patient participates in? Access to this information could help the dietitian provide more tailored dietary advice along with information about local SNAP-Education activities from which the patient might benefit. The ability to collect and analyze aggregated data in a more holistic manner would also improve state administrators' research capabilities and help them decide how to run their Medicaid, SNAP-Education, and public health programs. Where access to sensitive data is expanded, states should make sure to continue to follow best practices for safeguarding this information.

The federal government reimburses states for approximately 50 percent of allowable administrative expenses incurred in the implementation of Medicaid, SNAP, and other federal programs. Allowable administrative expenses include certain types of informational outreach and enrollment assistance. While states are allowed to conduct joint outreach for multiple federal programs, states and any organizations they may sub-contract with must undertake thorough, periodic time studies to accurately allocate their coordinators' time to the various federal agencies. Where this becomes too burdensome, states may choose to hire outreach coordinators to work on single programs, but this can greatly increase the time that participants spend filling out duplicate paperwork. OMB should work with HHS, USDA, and other relevant federal agencies to study more efficient methods for allocating program administration costs in ways that promote more efficient information outreach and enrollment assistance at the state level.

3. Adopt modern technologies for state program administration.

Myriad opportunities exist to modernize SNAP in ways that improve program administration at the state level. While some of these changes may not seem directly related to nutrition, reducing administrative inefficiencies and making the program more accessible would help recipients fully realize the benefits of the program.

One of the biggest areas ripe for modernization is the current electronic benefit transfer (EBT) technology used to process SNAP transactions (also called "issuance activities"). These systems are antiquated and potentially incompatible with rapidly spreading chip technology, mobile payment applications, and online grocery retailers. As compared to consumer debit card transactions, which are typically processed by Visa, MasterCard, American Express, or Discover, current SNAP EBT technology is also more prone to statewide outages.^{155,156} Such outages not only cause undue hardship and increased food insecurity, especially for families that are heavily dependent on SNAP benefits to make needed food purchases or for individuals without reliable transportation, but they can also be very stigmatizing for consumers who have their SNAP EBT card declined through no fault of their own. The current EBT market also faces less competition than the consumer card market, with just two processors holding 50 of 54 SNAP EBT processing contracts nationwide.¹⁵⁷

Altering legislation to allow states to contract with any type of transactions processor would fix many of these problems and bring SNAP EBT use in line with what beneficiaries already experience when using their personal debit cards. As FNS currently pays for approximately half these "issuance costs" via administrative expense cost-sharing with states, this switch could also save FNS nearly \$140 million per year, with states seeing similar levels of savings.¹⁵⁸ Instead of states and the federal government paying processing fees, SNAP retailers would pay transaction processors directly in the same manner they pay for other debit and credit transactions. Any financial hardship this policy change might cause smaller SNAP retailers could be addressed by reserving some of the \$140 million in annual savings to FNS to

offset processing costs for retailers who might otherwise be forced to leave the program as a result of this change.

States' enrollment and data systems are also sorely in need of updating, though the cost of capital expenditures to upgrade technology is a significant barrier for states since this is not a reimbursable administrative expense for SNAP. As states move toward fully online application and certification systems, states should also consider creating electronic case files. This would provide opportunities for direct digital communication with enrollees (via email, SMS message, etc.), which could be utilized to deliver direct nutrition education or to alert participants to SNAP-Ed programming happening in their area. States should also consider investing in enrollment and benefits management systems that have the data-sharing and data-matching capabilities needed to streamline enrollment across multiple programs and allow for express lane eligibility determinations. In cases where beneficiaries are only screened for a single program, states should implement an automated system for reviewing already-collected data to assess eligibility for other health and nutrition programs. Since the costs incurred by states to administer federal programs are typically partially reimbursed by the federal government, USDA, HHS, and other federal agencies should explore ways to incentivize states to reduce administrative costs, such as through shared-savings models or technology and innovation grants for implementing comprehensive systems that are proven to reduce administrative burdens and costs.

States should also take advantage of technology solutions that can allow beneficiaries to apply for SNAP, track their benefits, and even receive healthy eating prompts on their smart phones. In one recent, promising example, CalFresh, California's SNAP program, partnered with Code for America to create GetCalFresh.org, a mobile enhanced website that helps eligible Californians reduce the time to complete the CalFresh application to about 10 minutes (from almost an hour) while maintaining the program's high application integrity and accuracy. Code for America is replicating the GetCalFresh.org site for Michigan through a USDA FNS Process and Technology Improvement grant.

Conclusion

By providing food security for millions of low-income Americans, SNAP is already delivering important public health benefits. But research also points to substantial opportunities for improving diet quality and health among SNAP recipients. Given the clear links that exist between nutrition, chronic disease, and rising health care costs, task force members believe these opportunities must not go untapped. We recognize that some of our proposals may be controversial, and that broader and deeper changes will be needed over time to achieve a healthy food environment and healthy nutrition for all Americans. Clearly there is bipartisan interest in addressing the intertwined challenges of health and poverty, and broad support for the proposition that public programs should deliver maximum benefits. We are confident that these recommendations can provide a foundation for strengthening SNAP, SNAP-Education, and other federal programs in ways that improve nutrition, promote better health outcomes, and reduce health care costs while continuing to effectively meet the food assistance needs of our most vulnerable citizens.

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