

At Issue:

Should soda be excluded from foods food-stamp users can buy?



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the nation's Food Stamp Program, renamed the Supplemental Nutrition Assistance Program (SNAP) in 2008, is administered by the U.S. Department of Agriculture (USDA). The intent of SNAP is to help low-income people buy the food they need for good health, similar to the USDA-supervised school meals and WIC (women, infants, children) programs. SNAP was not created to provide a family's total diet, but rather to supplement the food budget to an extent determined by family income. SNAP excludes non-food items, along with alcohol as well as restaurant meals. Those exclusions should be expanded to include soda.

SNAP is expected to provide \$69 billion in benefits to 43 million people in 2011. Based on a recent analysis of purchases by SNAP beneficiaries, roughly \$4 billion will be used to purchase carbonated soft drinks. SNAP recipients appear to purchase at least 40 percent more sugar-sweetened beverages (SSB) than other consumers. If soda was not a covered purchase, this \$4 billion could be spent on healthier foods, including new incentives to purchase fresh fruits and vegetables.

There is abundant evidence that consumption of SSB increases the risk of obesity — and thus diabetes, heart disease and other illnesses — and that food stamp users have higher levels of obesity than non-food stamp users. Soda is the largest source of added sugar in our diets. Among adolescents, 357 calories in SSB are consumed each day, 67 percent of which comes from soda.

SSB also increases the risk of tooth decay among young children, and low-income children have a much higher risk of tooth-decay experience than higher-income children. Moreover, fruit drinks and carbonated soft drinks provide few or no essential nutrients, and their availability within SNAP clearly conflicts with the program's stated intent: providing families with nutritious food.

For SNAP to fulfill its obligation as a public-health program, it must promote the purchase only of nutritious foods. Government nutrition programs must model best practices in nutrition that can be embodied by all.

For SNAP to fulfill its mission of providing nutritious foods, it is imperative that the program be restructured. Because of political complexities in Washington, Congress should fund the Institute of Medicine to conduct a careful analysis of SNAP and recommend how the program could be remodeled to encourage families to eat diets that will improve their health and fend off disease.



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One-in-eight Americans participates in the Supplemental Nutrition Assistance Program (SNAP), the nation's largest federal nutrition-assistance program. SNAP is an effective public-private partnership providing monthly benefits. Some have suggested that restricting SNAP consumers' choices might combat obesity among low-income people.

Obesity is a serious problem that affects Americans at all income levels, and truly tackling this problem demands a thoughtful approach. A narrow strategy of restricting food choice for some vulnerable Americans misses more promising opportunities, such as: supporting SNAP use at farmers' markets; improving benefit levels so people can afford healthy foods; offering incentives for fruit and vegetable purchases; enhancing SNAP nutrition education; and increasing access to healthy, affordable foods in underserved communities.

There are deep flaws in a strategy that limits consumer choice. First, there is no evidence that SNAP contributes to the current obesity problem. In fact, increasing participation in nutrition programs — including SNAP — is an obesity-prevention strategy recommended by public-health experts. Second, foods commonly proposed for restriction include sugar-sweetened beverages, carbonated soft drinks, sweets and salty snacks. However, research shows that consumption of these foods and general purchasing habits are similar, if not better, among SNAP participants compared to non-participants, even despite the difficulties of purchasing healthy food in low-income neighborhoods.

Third, trying to control SNAP participants' use of tax dollars is a slippery slope: Concerns about public dollars for certain foods could be used to justify restricting purchases by Social Security beneficiaries, government employees or medical providers reimbursed by Medicaid. Fourth, given the stream of thousands of new or reformulated products in stores, constant updates to the list of eligible foods would create a logistical nightmare and higher costs for all consumers.

Fifth, not only is it unclear how to identify foods for disallowance, but doing so would drag Congress, USDA and lobbyists into political, not scientific, "food fights" over lists of "good" and "bad" foods. Sixth, there is no evidence that food restrictions would change purchases or dietary intake. Most SNAP households receive only partial benefits, so SNAP consumers could purchase ineligible foods with their own money.

Last, purchasing restrictions likely would increase stigma and confusion at grocery check-out, causing a decline in SNAP participation that could worsen food insecurity and increase obesity risk among this vulnerable group.