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Ms. Samantha Deshombres, Chief
Regulatory Coordination Division, Office of Policy and Strategy
U.S. Citizenship and Immigration Services
U.S. Department of Homeland Security
20 Massachusetts Avenue NW
Washington, DC 20529-2140

Re: DHS Docket No. USCIS-2010-0012 Proposed Rule on Inadmissibility on Public Charge Grounds

Dear Ms. Deshombres:

Thank you for this opportunity to submit comments in response to the Proposed Rule on Inadmissibility on Public Charge Grounds; DHS Docket No. USCIS-2010-0012. Founded in 1952, The Association for State Public Health Nutritionists (ASPHN) is a non-profit membership organization that provides state and national leadership on food and nutrition policy, programs and services aimed at improving the health of our population. ASPHN's membership is composed of more than 350 public health nutritionists located throughout all 50 states, the District of Columbia and five U.S. territories.

ASPHN's vision is healthy eating and active living for everyone. Our mission is to strengthen nutrition policy, programs and environments for all people through development of public health nutrition leaders and collective action of members nationwide. ASPHN is comprised of registered dietitians, nutritionists, and other health professionals who are closely involved in the implementation of federal nutrition programs. Our collaborative network includes public health programs and providers who play critical roles in delivering public health messages and nutrition programs; e.g. public health nursing, dental health, chronic disease prevention programs and local level agencies working directly and indirectly with the public. You can find ASPHN on the web at www.asphn.org and on Facebook at www.facebook.com/asphn.

ASPHN applauds the U.S. Department of Homeland Security (DHS) for its historic commitment to helping immigrant families seek health care, nutrition and housing assistance without fear that doing so will harm their immigration cases. We strongly encourage DHS to withdraw the proposed changes to the public charge rule as it would mark a significant and harmful departure from the current policy.

ASPHN respectfully submits the following comments with regards to DHS Docket No. USCIS-2010-0012 Proposed Rule on Inadmissibility on Public Charge Grounds

Since 1882, the public charge immigration rule was used within the confines of a limited criteria to determine who is likely to become dependent on the government to meet their basic needs. These individuals would consequently be disqualified from gaining entry to the U.S., declined a green card, or denied permanent residence as well as any other legal immigration status. The new proposed public charge rule significantly expands the list of programs and services under which the immigration status of a person or family could be adversely impacted. It now includes nearly all available basic need programs like Medicaid, housing assistance and food assistance. Making it considerably more difficult for immigrants (individuals, families with children, and the elderly) with a medical condition, and incomes below 250% of the poverty level to satisfy the new public charge criteria ⁽¹⁾. Under the proposed public charge rule, lawfully present immigrants who elect to participate in these programs to help with basic needs like medical care, affordable housing, nutrition assistance, and other essential services and anti-poverty programs would no longer be eligible to receive legal residency (or a green card) or renew, change or extend visas.

The proposed public charge rule jeopardizes the health and wellbeing of millions of people. Its stringent regulations will most certainly obstruct access to vital health and safety net programs; increase the occurrence of preventable diseases; escalate health care costs; add to the rates of poverty; promote housing instability, and amplify food insecurity. Food insecurity is closely linked with some of the most common and costly health problems in the U.S., including diabetes, heart disease, obesity, hypertension, chronic kidney disease, and depression ⁽²⁾. Individuals and families experiencing food insecurity stretch otherwise insufficient budgets by underusing medicine, missing meals and essential nutrients, forgoing foods for a special medical diet, or diluting or rationing infant foods and formula ⁽³⁾. The effects of even marginal food insecurity are particularly damaging to the overall health, development, and well-being of children ⁽⁴⁾. Research shows a link between food insecurity and malnutrition, lower health status ⁽⁵⁾, low birth weight ^(6,7), birth defects ⁽⁸⁾, iron deficiency anemia ^(9,10), more frequent colds and stomachaches ⁽¹¹⁾, asthma ⁽¹²⁾, developmental risk ⁽¹³⁾, anxiety, and suicidal ideation ^(14, 15, 16). Household food insecurity is also a strong predictor of higher health care utilization and increased health care costs ^(17, 18). In 2014, the direct and indirect health-related costs of avoidable hunger and food insecurity in the U.S. were estimated to be over \$160 billion ⁽¹⁹⁾.

State and local governments will also experience adverse costs, as food and economic insecurity increases among families impacted by this proposed rule. Under this new rule Supplemental Nutrition Assistance Program (SNAP) participants who would otherwise expend their federal nutrition program dollars from SNAP and the resulting matching programs with state and local economies, large and small businesses, and individuals in their communities, would be compelled to limit or forgo their financial patronage of the local economy. Even private vendors, farmers, farmers' markets and local food market

economies who grow and produce foods that are eligible for purchase using SNAP benefits would be pressed out of a vital income stream. According to the Center on Budget and Policy Priorities, in 2009, \$50 billion in SNAP benefits were spent in local stores, generating \$85 billion in local economic activity ⁽²⁰⁾.

State and local communities would lose significant federal and matched funding as thousands of lawful immigrant families withdraw from SNAP and other safety net programs out of fear of losing their legal immigrant status.

SNAP is a critical source of support for millions of preschool-age children and their families. Driven by fear and uncertainty around the proposed rule, many eligible immigrant families will be disinclined to seek the benefits of SNAP services. The rule will prevent these parents from accessing the nutrition needed for their own health and the health and development of their children. More children will come to school hungry and sick. Hungry children are less able to learn and are more likely to miss school due to illness, repeat a grade, receive special education services, or receive mental health services ⁽²¹⁾.

SNAP's benefits extend beyond the immediate goal of alleviating hunger and include improvements in short-run health and academic performance as well as in long-run health, educational attainment, and economic self-sufficiency. SNAP's role in improving health is crucially important, given the high rates of food insecurity ⁽²²⁾, obesity ^(23, 24), and diet-related chronic disease in the nation. According to the Census Bureau's Supplemental Poverty Measure in 2017, SNAP was responsible for moving 3.4 million people out of poverty ⁽²⁵⁾.

In closing, ASPHN urges DHS to zealously consider the deleterious impact of the proposed public charge on current federal, state, and local policies and initiatives targeting food insecurity and poverty here in America. If enacted, DHS Docket No. USCIS-2010-0012 Proposed Rule on Inadmissibility on Public Charge Grounds will make it difficult, to near impossible, for immigrant families to access the range of fundamental nutrition, health, and housing benefits central to their health and well-being; and deeply undermine the health and well-being of the states and communities in which they live, and the nation as a whole. We appreciate the opportunity to submit our comments and look forward to working with the agency on solutions and public health efforts that would preclude this detrimental public charge rule proposal from going any further.

Sincerely,



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President, ASPHN Board of Directors

References

1. Torres-Ardila, F., Granberry, P., Gómez, I., & Pulos, V. (2018). The Effect of Proposed Changes in Federal Public Charge Policy on Latino US Citizen Children in Massachusetts. Accessed at: https://scholarworks.umb.edu/gaston_pubs/230/
2. Hartline-Grafton, H., & Dean, O. (2017). The impact of poverty, food insecurity, and poor nutrition on health and well-being. *Washington, DC: Food Research & Action Center*. Accessed at: <http://www.frac.org/wp-content/uploads/hunger-health-impact-poverty-food-insecurity-health-well-being.pdf>
3. Ibid
4. Gundersen, C., & Ziliak, J. P. (2015). Food insecurity and health outcomes. *Health affairs*, 34(11), 1830-1839. Accessed at: <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2015.0645>
5. Kimbro, R. T., & Denney, J. T. (2015). Transitions into food insecurity associated with behavioral problems and worse overall health among children. *Health Affairs*, 34(11), 1949-1955. Accessed at: <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2015.0626>
6. Borders, A. E. B., Grobman, W. A., Amsden, L. B., & Holl, J. L. (2007). Chronic stress and low birth weight neonates in a low-income population of women. *Obstetrics & Gynecology*, 109(2), 331-338. Accessed at: https://journals.lww.com/greenjournal/Fulltext/2007/02000/Chronic_Stress_and_Low_Birth_Weight_Neonates_in_a.16.aspx
7. Hromi-Fiedler, A., Bermúdez-Millán, A., Chapman, D., Segura-Pérez, S., Damio, G., Melgar-Quinonez, H., & Pérez-Escamilla, R. (2008). Household food security status before pregnancy as a risk factor for delivering a low birthweight infant. [abstract]. *The FASEB Journal*, 22, 36.1. Accessed at: https://www.fasebj.org/doi/abs/10.1096/fasebj.22.1_supplement.36.1
8. Carmichael, S. L., Yang, W., Herring, A., Abrams, B., & Shaw, G. M. (2007). Maternal food insecurity is associated with increased risk of certain birth defects. *The Journal of nutrition*, 137(9), 2087-2092. Accessed at: <https://academic.oup.com/jn/article/137/9/2087/4664860>
9. Metallinos-Katsaras, E., Colchamiro, R., Edelstein, S., & Siu, E. (2016). Household food security status is associated with anemia risk at age 18 months among low-income infants in Massachusetts. *Journal of the Academy of Nutrition and Dietetics*, 116(11), 1760-1766. [abstract]. Accessed at: <https://www.sciencedirect.com/science/article/pii/S2212267216303963>
10. Eicher-Miller, H. A., Mason, A. C., Weaver, C. M., McCabe, G. P., & Boushey, C. J. (2009). Food insecurity is associated with iron deficiency anemia in US adolescents—. *The American journal of clinical nutrition*, 90(5), 1358-1371. Accessed at: <https://academic.oup.com/ajcn/article/90/5/1358/4598154>
11. Alaimo, K., Olson, C. M., Frongillo Jr, E. A., & Briefel, R. R. (2001). Food insufficiency, family income, and health in US preschool and school-aged children. *American Journal of Public Health*, 91(5), 781. Accessed at:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446676/pdf/11344887.pdf>

12. Mangini, L. D., Hayward, M. D., Dong, Y. Q., & Forman, M. R. (2015). Household Food Insecurity Is Associated with Childhood Asthma, 2. *The Journal of nutrition*, 145(12), 2756-2764. Accessed at: <https://academic.oup.com/jn/article/145/12/2756/4585668>
13. Rose-Jacobs, R., Black, M. M., Casey, P. H., Cook, J. T., Cutts, D. B., Chilton, M., ... & Frank, D. A. (2008). Household food insecurity: associations with at-risk infant and toddler development. *Pediatrics*, 121(1), 65-72. [Abstract]. Accessed at: <http://pediatrics.aappublications.org/content/121/1/65.short>
14. Poole-Di Salvo, E., Silver, E. J., & Stein, R. E. (2016). Household food insecurity and mental health problems among adolescents: what do parents report?. *Academic pediatrics*, 16(1), 90-96. [Abstract]. Accessed at: <https://www.sciencedirect.com/science/article/pii/S1876285915002727>
15. McLaughlin, K. A., Green, J. G., Alegría, M., Costello, E. J., Gruber, M. J., Sampson, N. A., & Kessler, R. C. (2012). Food insecurity and mental disorders in a national sample of US adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(12), 1293-1303. [Abstract]. Accessed at: <https://www.sciencedirect.com/science/article/abs/pii/S0890856712007265>
16. McIntyre, L., Williams, J. V., Lavorato, D. H., & Patten, S. (2013). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. *Journal of affective disorders*, 150(1), 123-129. [abstract]. Accessed at: <https://www.sciencedirect.com/science/article/pii/S0165032712007823>
17. Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *Canadian Medical Association Journal*, cmaj-150234. Accessed at: <http://www.cmaj.ca/content/187/14/E429.full>
18. Berkowitz, S. A., Basu, S., Meigs, J. B., & Seligman, H. K. (2018). Food insecurity and health care expenditures in the United States, 2011–2013. *Health services research*, 53(3), 1600-1620. [Abstract]. Accessed at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/1475-6773.12730>
19. Cook, J. T., & Poblacion, A. P. (2016). Estimating the Health-Related Costs of Food Insecurity and Hunger. *The Nourishing Effect: Ending Hunger, Improving Health, Reducing Inequality (2016 Hunger Report)*. Washington, DC: Bread for the World Institute.
20. Blinder, AS, & Zandi, M. “The Financial Crisis: Lessons for the Next One,” Center on Budget and Policy Priorities, October 15, 2015, Accessed at: <https://www.cbpp.org/research/economy/the-financial-crisis-lessons-for-the-next-one>
21. Furman, J., Muñoz, C., & Black, S. (2015). Long-Term Benefits of the Supplemental Nutrition Assistance Program. *Executive Office of the President, Council of Economic Advisers, Washington, DC*.
22. Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2017). Household food security in the United States in 2016. Economic Research Report, 237. Washington, DC: U.S. Department of Agriculture, Economic Research Service.

23. Flegal, K. M., Kruszon-Moran, D., Carroll, M. D., Fryar, C. D., & Ogden, C. L. (2016). Trends in obesity among adults in the United States, 2005 to 2014. *Jama*, 315(21), 2284-2291. Accessed at: <https://jamanetwork.com/journals/jama/fullarticle/2526639>
24. Ogden, Cynthia L., Margaret D. Carroll, Hannah G. Lawman, Cheryl D. Fryar, Deanna Kruszon-Moran, Brian K. Kit, and Katherine M. Flegal. "Trends in obesity prevalence among children and adolescents in the United States, 1988-1994 through 2013-2014." *Jama* 315, no. 21 (2016): 2292-2299. Accessed at: <https://jamanetwork.com/journals/jama/fullarticle/2526638>
25. American Heart Association Statistics Committee and Stroke Statistics Subcommittee. (2017). Heart disease and stroke statistics— 2017 update: a report from the American Heart Association. *Circulation*, 135(10), e146–e603.