



Association of State Public Health Nutritionists
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June 29, 2021

To: The U.S. Departments of Agriculture (USDA)

Regarding: Request for comments on the process of updating the Thrifty Food Plan to ensure it reflects the current cost of a basic healthy diet, the lived experiences of Supplemental Nutrition Assistance Program's (SNAP) participants, and the realities that medical and nutrition professionals face in helping SNAP customers meet their nutritional needs.

From: The Association of State Public Health Nutritionists (ASPHN)

The Association of State Public Health Nutritionists (ASPHN)ⁱ enthusiastically supports the Biden administration and the U.S. Department of Agriculture (USDA) in their decision to update the Thrifty Food Plan (TFP) market basket. ASPHN is comprised of more than 600 public health nutritionists located throughout all 50 states, the District of Columbia and five U.S. territories who are closely involved in the implementation of federal nutrition programs, policies, systems, and environments that support access to a healthy diet. ASPHN respectfully submits the following remarks in response to USDA's request for comments on the development, coordination, and implementation of the TFP.

The TFPs are based on mathematical models intended to account for actual consumption, food prices, food composition data, and current dietary recommendations, while working within the constraint of maintaining the inflation-adjusted cost of the prior plans.ⁱⁱ The Supplemental Nutrition Assistance Program's (SNAP) food benefit allotment formulations are based upon the monetary value of USDA's Thrifty Food Plan (TFP). In fact, the two programs do indeed have a close integral relationship.

According to the USDA's Food and Nutrition Service, SNAP's mission is to "increase food security and reduce hunger by providing children and low-income people access to food, a healthful diet and nutrition education in a way that supports American agriculture and inspires public confidence."ⁱⁱⁱ SNAP-Ed, the nutrition education component of SNAP benefits, helps individuals learn to stretch their food dollar and do so in a healthy way. The outcomes for people participating in SNAP-Ed show measurable results but the program cannot do this work alone.

Having an inadequate food benefit causes participants an increased level of stress in figuring out how to feed themselves or their family in the healthiest way possible. Nearly 9 in 10 households with a single adult (with or without children) lack the



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combination of time, money, and other essential resources required to consistently purchase and prepare healthy meals.^{iv} The average monthly costs of the USDA market basket food plans are \$627 for the Thrifty Food Plan, \$822 for the Low-Cost Food Plan, \$1,024 for the Moderate-Cost Food Plan, and \$1,243 for the Liberal Food Plan.^v

To facilitate better diet, nutrition, and health outcomes for low-income American families:

ASPHN steadfastly encourages the USDA to align the TFP with current nutrition recommendations. The USDA should diligently integrate the Dietary Guidelines for Americans' most recent recommendations in combination with high Healthy Eating Index scores for each of the 3 Healthy Eating Plans (US, vegetarian, Mediterranean) into all of the TFP's 16-age/gender groups. For decades research has strongly suggested SNAP benefits, which are based on the TFP, do not account for the full cost of the more nutritious food items or current consumption patterns and consequently fall short of what many participants need to purchase and prepare a healthy diet.^{vi vii viii ix x}

ASPHN recommends USDA make the TFP a more all-encompassing program by instituting culturally inclusive food plans with diverse ethnic, religious (kosher, halal), and regional foodways. We strongly encourage USDA to include foods frequently consumed by culturally diverse communities and consider tribal, racial, and cultural implications for calculating the TFP.

ASPHN prevails upon the USDA to redress the inequities of systemic discrimination on food and nutrition security and accessibility. Commendably the administration has begun to prioritize racial equity in federal programs. However, much more can be done by correcting laws and regulations which proliferate inequity and injustice. For generations regulatory barriers to adequate and nutritious foods have disproportionately impacted racial and ethnic minorities.

ASPHN also encourages USDA to identify and remove discriminatory regulations which restrict program enrollment to racial and ethnic minorities, immigrants and formerly incarcerated individuals. Rules limiting access on the basis of criminal history and immigration status are especially detrimental. Immigrants who are eligible for assistance often avoid these much-needed benefits for fear of public charge rules, which make it more difficult for immigrants to obtain green cards or temporary visas if they have received public benefits.

ASPHN recommends USDA revisit the application process and make it easier for families to participate and thereby remove the burden that disproportionately impacts those with highest need. The TFP guidelines are



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especially challenging for the many households in low-income communities. The application for SNAP and related public assistance can be as long as 30 pages and typically requires an in-person interview, documentation of income and expenses (e.g., medical bills), and a description of assets and criminal history.

Single-parent families have a harder time finding childcare, arranging time off from school or work to attend in-person interviews, which are required for SNAP enrollment. Even though the new norm for interviews may be telephone interviews, the application/enrollment process is often very invasive and intimidating whether in person or telephonically. Proponents of complicated eligibility rules argue that they are intended to reduce fraud and promote employment. However, research suggests that fraud is extraordinarily rare and work requirements do not inherently help people become employed.^{xi}

ASPHN believes it is especially important for USDA to mobilize all relevant programs department-wide around these issues, develop a national action plan, and assemble a sustainable bedrock for long-term and meaningful changes in food aid.

Without further delay ASPHN strongly recommends employing the Low-Cost Meal Plan instead of the Thrifty Food Plan (TFP) for calculating SNAP benefits. The Low-Cost Plan increases benefits by about 30% over the TFP; thus, offering a provisional remedy during the period of recalculating and implementing the next iteration of the TFP and SNAP benefit formula.

ASPHN recommends TFP program regulations keep current with food inflation by using the most recent food inflation statistics when establishing benefit levels. Instead of using national averages, we suggest food affordability and availability be assessed within the geographic and socioeconomic resources of specific populations, taking into account the increased cost of foods in some areas. Adding a geographic cost adjustment factor to the benefit value would recognize the higher cost of food in geographic areas where the majority of participants live, particularly in food deserts, rural areas, high cost of living states/cities, and Tribal lands.

ASPHN would like to also suggest USDA provide a small household adjustment in the benefit level for the higher food costs associated with low-volume purchasing, simplified food preparation, generally lower calorie needs, medically required diets, and need for the most nutrient-dense foods. The TFP assumes that the foods needed for all meals and snacks are accessible, can be purchased at stores; and that all meals are prepared at home. Research shows that obtaining an adequate diet with the TFP is challenging due to a minimal availability of local stores offering foods to fill a TFP market basket.^{xii xiii xiv} Low-income



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neighborhoods frequently lack full-service grocery stores.^{xv xvi xvii xviii xix} The small convenience and corner stores, which are most often found in these communities, are usually limited in their offerings of fresh produce, and other healthy and nutritious food items.^{xx xxi xxii xxiii} The food may generally be more expensive and of poor quality.

Healthy food to meet the TFP guidelines, even if available, is often more expensive, whereas refined grains, added sugars, and fats generally are less expensive and often readily available in low-income communities.^{xxiv xxv xxvi xxvii xxviii} A quarter of all households exhaust their benefits within a week of receipt, and more than half exhaust benefits within the first two weeks.^{xxix} The typical U.S. household spent 22 percent more on food than the Thrifty Food Plan costs in 2016.^{xxx}

According to USDA, “vehicle access is perhaps the most important determinant of whether or not a family can access affordable and nutritious food.”^{xxxii} Shopping frequency may increase – and the ability to buy in bulk decrease – because of limits on how much can be carried when walking or using public transit.^{xxxiii} Depending on transportation availability (e.g., getting a ride with a friend), some consumers also may be limited to one large shopping trip a month when they buy the majority of their monthly food purchases.^{xxxiv} Such a practice requires ample food storage space and may restrict the types of products that can be purchased (e.g., fewer perishable items like fruits and vegetables).

ASPHN proposes USDA closely review all policies that impact benefit calculations and add a cost-of-living adjustment factor to the benefit value based on the degree to which low-income families are experiencing higher costs for housing, childcare, transportation, and health expenses. For example, food benefit reduction calculations based on non-cash income assume this non-cash income frees up cash for households to use towards food. Currently, non-cash income is considered noncountable, and is excluded when determining a household’s eligibility and benefit level. Illustrations of non-cash income include inheritances, tax credits, damage awards, one time severance pay, stipends paid to older workers doing part time community service work, money earned by a child under age 18 who is attending high school or elementary school (provided the child lives with a parent or other responsible adult), federal educational assistance including grants, loans, Montgomery Bill payments to veterans, undergraduate and graduate work-study income, as well as payments and reimbursements to volunteer foster grandparents, and senior health aides. The woeful reality is many low-income households are already disastrously strapped for cash to cover such things as housing, childcare, transportation healthcare, etc., even when non-cash income is increased.



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When recalculating the new TFP, ASPHN encourages the USDA to take into account the nutritional needs of those individuals/populations/situations requiring additional or more high-quality foods; such as pregnant and breastfeeding women, persons engaging in heavy physical activity, children experiencing critical growth and development, and low-income families living with disabilities and nutrition related chronic diseases, such as diabetes, hypertension, and cardiovascular disease, which require special medical diets. In a recent report The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) stresses the importance of fruits and vegetables to combat chronic disease, improve birth outcomes, decrease healthcare costs and more. The report also cites SNAP for not providing enough to allow for adequate purchase of fruits and vegetables and recommends SNAP benefits be increased and/or implemented with an incentive to purchasing fruits and vegetables with SNAP dollars (i.e., for every \$1 spent on fruits and vegetables the participant would get 0.25-0.50 cents back on their benefits or include produce specific benefits).^{xxxv}

In conclusion:

Upgrading the TFP and expanding SNAP benefits would not only increase the food expenditure capacity for low-income families, improve food security, and help families afford nutritious food for more days of the month—but also contribute to other positive outcomes, such as advancing overall health outcomes, lowering healthcare costs, and improving the economy. For every dollar spent through SNAP, 1.7 dollars is added to the local economy. According to one USDA estimate, every additional dollar in SNAP benefits generates 17 to 47 cents in new food spending.^{xxxvi}

Half of all American children will receive SNAP at some point during childhood, and half of all adults will do so at some point between the ages of 20 and 65 years.^{xxxvii} ^{xxxviii} This underscores how important TFP and SNAP benefit adequacy is to the health and well-being of the nation. Each additional SNAP dollar increases a household's score for overall dietary quality (as measured by USDA's Healthy Eating Index).^{xxxix} The higher the level of SNAP benefits, the larger the positive nutritional effect of program participation. Spending more money on food is associated with positive improvements in dietary quality, energy density, nutrient density, and fruit and vegetable consumption.^{xl}

ASPHN enthusiastically supports USDA's efforts to update the TFP. This is most certainly a momentous opportunity to strengthen SNAP and SNAP-Ed's role in addressing public health inequities, food/nutrition insecurity, and health disparities in America. The members and staff of ASPHN are available to discuss further these comments.



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With regards,

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References

ⁱ Founded in 1952, 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 600 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." ASPHN is an affiliate of the Association of State and Territorial Health Officials. ASPHN is comprised of registered dietitians, nutritionists, and other health professionals who are closely involved in the implementation of federal nutrition programs. More information about ASPHN members and resources is available on the web at www.asphn.org and on Facebook at www.facebook.com/asphn.

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