PROCESSED FOODS PROMOTE OBESITY

Changing the eating habits of SNAP recipients through nutrition education.

Tag words: Obesity; processed foods; awareness; food stamps; reform; education

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Summary

Obesity is one of the most widespread epidemics for all age groups, which increases the risk of health conditions including diabetes, hypertension, and cardiovascular disease. This is related to the increased consumption of processed foods and insufficient consumption of whole foods, such as fruits, vegetables, and whole grains. Higher rates of obesity are more prevalent in lower income homes, many of which may receive food stamps. The aim of this project is to inform food stamp recipients about how unhealthy processed food is through nutrition education.

Video Link:
http://www.youtube.com/watch?v=dCqmhXdWuSk&list=UUts4_1WyqXMmVDfu9ZffstA&index=1

Educational Reform for Food Stamp Recipients

Introduction (IPK)

Obesity rates for adult Americans have increased significantly in the last 30 years from 15% to 32%. Current estimates say that about two thirds of Americans are overweight or obese. A 42% increase since 1980. In that time span, physical activity has declined and the consumption of processed food and prepared meals was becoming increasingly common. Eating out, particularly in fast food restaurants, became a major part of many people’s lives, and concerns began to grow about a wider array of health conditions related to obesity.

The general observation has been that rates of obesity are often greater in rural areas and among the poor. Lack of nutrition education and awareness, along with low cost, widely available processed foods have resulted in the rise of obesity and other health inequalities among the poor. In order to prevent the health problems associated with obesity, including: diabetes, cancer, cardiovascular diseases, it is imperative to promote a healthier diet through a decreased consumption of high calorie processed foods.

What are processed foods? (IPK)

Processed foods are produced using manufacturing methods to transform raw ingredients into neatly packaged goods, which have a longer shelf life. The history of food processing dates back to prehistoric times, when crude processing involved slaughtering, fermenting, sun drying,
preserving with salt, and various types of cooking, such as: roasting, smoking, and steaming. Today’s food processing technology began to grow in the 19th and 20th century, mostly for the service of militaries. In the second half of the 20th century the rise in the need of convenience became popular in Europe and North America. Some benefits of food processing include toxin removal, preservation, easing marketing and distribution. Also, processed foods are less likely to spoil than fresh foods and are better suited for long distance transportation from the source to the consumer. However, food processing involves the use of food additives, such as sugar which brings health risks to those with diabetes. Any processing of food can affect its nutritional value, for example, vitamin C is destroyed by heat and therefore canned fruits have a lower content of vitamin C than fresh ones.

Whole foods vs. processed foods (IPK)

Food processing uses artificial ingredients including monosodium glutamate (MSG), flavors, preservatives, hydrogenated oil, fillers, and artificial sweeteners. Processed foods can be quickly prepared by consumers allowing immediate intake, but this kind of food does not offer much in nutritional value. On the other hand, whole foods are grown in orchards, gardens, or greenhouses, are unprocessed and unrefined, and have a shorter shelf life than processed foods. These foods are naturally flavorful, have vibrant colors, and rich textures. Whole foods may require longer preparation times, but they are full of the micronutrient vitamins, minerals, antioxidants, phytochemicals, and fiber. Therefore, the digestion of whole foods needs more energy leaving fewer calories available for storage. On the other hand, the digestion of processed foods need less energy. Most processed foods contain refined grains which are produced in the process of milling. This process removes most of the bran and germ from the grain, resulting in loss of crucial nutrients, such as minerals, B vitamins, phenols, proteins, and fiber which makes starch more easily digestible. Further, processed foods have a higher glycemic index than whole foods which suggests faster rates of digestion. Both the high glycemic index and loss of fiber tend to slow the feeling of fullness leading to increased daily caloric intake. Consequently, consuming a diet high in processed foods potentially results in weight gain.

What Ingredients Are Found In Processed Foods? (SS)

Processed foods were not very common in the past. The technology, research, and development in the food industry was not advanced enough to make imitations of real food and artificial enhancements. Nowadays technology has greatly advanced and new chemicals and substances have been discovered, developed, and added into our everyday foods. Almost every food that is on the market is modified with some sort of unnatural ingredient. These reasons include: to preserve the food for freshness, enhance appearance, to keep the food in its physical state, etc… Some foods appear like real foods (like frozen dinners), but are essentially one big chemistry experiment. But what are some of these additives that make it into our foods? Are they all dangerous for human consumption? Generally, if something is not natural to the food, then it cannot be good for anyone (whether in large or small quantities). The amount of food additives seen in our foods is vast, but there is a select group of them that appears quite often. There are seven food additives that are commonly seen in our foods, but generally people are not aware that they are even there because they are so common in our diets. They are artificial food
colorings, high fructose corn syrup, aspartame, monosodium glutamate, sodium benzoate, sodium nitrite, and trans fatty acids.

**Artificial food coloring** Artificial food coloring is found in many food products. They give processed foods a more appealing color, and are found in many sugary drinks and sodas. If a packaged food (that isn’t a fruit or vegetable) is vibrantly colored, then there is an extremely high chance that some sort of food dye was used in that product. Artificial food coloring has been shown to have negative side effects. Mainly artificial food dyes are linked to causing increased hyperactivity in children. So far there have been many food colorings taken off the market like orange 1, red 32, orange 2, red 2, violet 1, red 4, and yellows 1-4. These food colorings have been taken off the US market and removed from food products because they have been proven to be toxic or carcinogenic.

**High Fructose Corn syrup** High Fructose Corn syrup is a sweetener that is made entirely of corn. The sugar derived from corn is sweeter and cheaper than sucrose (sugar that is made from sugar cane). Since high fructose corn syrup is a cheaper alternative to sugar, it is put into many foods in order to improve the taste at a lesser cost to the producer. High fructose corn syrup is found in soft drinks, non-juice drinks, crackers, and any products that need a form of sugar to sweeten it. The problem with high fructose corn syrup is that it can be easily inserted into any food, which in turn has caused an increase in the risk of obesity and the amount of obese people in America. One reason why there is a higher risk of obesity is that the human body cannot digest high fructose corn syrup as effectively as sugar. As a result, the human body stores the undigested high fructose corn syrup in the form of fat. Eventually excessive increase in fat levels can cause a person to become obese, which in turn leads to many health risks such as heart disease and diabetes. Nowadays, companies are cutting back on the use high fructose corn syrup and are replacing it with sugar once again.

**Aspartame** Aspartame is an artificial zero calorie sweetener used for sweetening diet soft drinks and other low calorie and foods that claim to have zero sugar in them. It is a useful substance in the sense that it is able to make food sweet without adding calories to a product (and removing calories that formerly were there from high fructose corn syrup or sugar). However aspartame is suspected by some to be carcinogenic and has also been linked to seizures, headaches, mood swings/disturbances, and reduced mental performance. Most recent research and testing have shown that aspartame can cause multiple kinds of cancer in humans and rats. Even though the FDA has confirmed the safety of aspartame 26 times over the span of 23 years.

**Monosodium Glutamate (MSG)** MSG is a form of the naturally occurring amino acid glutamate. MSG is a flavorless chemical, but it has the ability to enhance other flavors in a food and creates a savory taste. MSG is associated with umami, the fifth essential flavor that a human palate can detect (basically a savory meat taste). You can also experience the same flavor through soy sauce. MSG has been reported to make some people ill, inducing headaches and potentially causing neurological problems. There are many ways for food producers to get around labeling their product with MSG because there are many different ingredient names that msg can fall under. MSG falls under 12 different names. Some are obvious but others (like hydrolyzed protein, yeast extract, and calcium caseinate) are not easy to identify without being properly educated about them.
**Sodium benzoate** Sodium benzoate is primarily used as a preservative in processed foods that are acidic (like sodas and juice drinks). It is also found in pickles, salsas, and dips. This preservative inhibits the growth of bacteria, mold, and yeast. In theory this additive seems like it improves the quality of food. Unfortunately, the problem with this preservative is that it is not naturally occurring. Sodium benzoate was synthesized in the lab, therefore posing potential health risks to humans. It is thought to be carcinogenic when combined with ascorbic acid (vitamin C). This reaction can create benzene, which is a well-known carcinogen. Sodium benzoate is a cheap preservative, and natural alternatives to this are more expensive and therefore are less desirable for food producers to use (would not want to incur the extra cost)\(^7,9\).

**Sodium Nitrite** Sodium nitrite is a food preservative that is found in meat products like sausages and canned meats. Cheaper meats tend to be processed with sodium nitrate, so someone on a low budget diet might have more exposure to this additive\(^7\). Consistently eating products that contain sodium nitrite can lead to an increased risk of gastric cancer.

**Trans fats** Trans fats are one of the most well-known food additives due to lots of publicity and campaigns to remove them from our foods. Trans fats are created when hydrogen is added to vegetable oil. Naturally vegetable oil has bonds in the cis conformation (facing in the same direction). When hydrogenated, the bonds are converted into the trans conformation (bonds facing in the opposite directions). The change in bond conformation poses major health risks due to the fact that humans cannot process these fats in the trans conformation, and subsequently they are stored as fat. Diets that are high in trans fats raise bad cholesterol, lower good cholesterol, increase the risk of heart disease, increase the risk of heart attacks, and increase the risk of type 2 diabetes. Trans fats are prevalent in deep fried foods and any foods that have any partially hydrogenated oil in it. Trans fats were notoriously used in fast food; but recently most fast food chains have since removed trans fats from their products\(^7,10\).

In theory it should be easy to find an alternative to many processed foods, but it is hard to avoid some of these common additives. Some of the food preservatives are hard to avoid mainly because they are beneficial to food safety and production. Consumption of trans fats, high fructose corn syrup, aspartame, and artificial coloring can be reduced by decreasing the intake of candy, fruit drinks (ones that are not 100 percent juice), and foods with added sugar like crackers and sugared cereals. You can reduce your intake of trans fats by avoiding foods that contain partially hydrogenated oils. Aspartame is found in low calorie products that are labeled as diet or no sugar. If there is a version that has no sugar compared to the actual version, then the food in general may not be that good for you. Even so, it may be better to stick to foods that have natural sugar but not in high quantities.

Nowadays, it is hard for the average person to avoid processed foods because they are all around us and unfortunately a part of everyone's diet. Everyone is aware of how fast food is processed, but what about other foods people aren’t aware of? There are many items people purchase at the supermarket that are unhealthy processed foods.

Frozen dinners appear to be a quick and easy option. The package looks appealing and the cook time is minimal. Entrees like “Lean Cuisine” and “Smart Ones” may seem like a great meal with
low calories, but they are some of the most processed foods on the market. If you check the ingredients list on the side of the box, you would wonder how something so simple requires so many ingredients. Some foods lose their flavor and color in the freezing process. In order to preserve that flavor, producers must insert many preservatives, artificial flavorings, natural flavorings, and food coloring into their foods. Another problem is that it is really easy to produce these foods with lots of saturated fat and trans fats, posing more health risks to this food. Another example of a misleading food is margarine. Margarine was thought to be a healthier alternative to butter prior to research proved showing the unhealthiness of partially hydrogenated oils; Now it is considered a fad food where it can be modified to the health trends at the time (like fortified with omega 3’s, cholesterol free, etc…). These are just a few examples of processed foods and foods that can be manipulated by additives.

In a study examining how the consumption of ultra processed foods affected ones diet (or the quality of their diet). It was found that those who consumed diets with more processed foods had levels of total fat, saturated fat, free sugars, and sodium that were higher than the recommended World Health Organization’s (WHO) standards. They also had lower than recommended levels of fiber in their diets. Their research also emphasized that foods such as cookies, white bread, sweets, deserts, sugar sweetened drinks, processed meats, French fries, and chips were all associated with weight gain in adults. All of these foods are high in either fats or sugar. Excess amounts of sugar and fat add extra unnecessary calories to one’s diet. If a person cannot burn these calories then they are subsequently stored as body fat. Foods like those mentioned before tend to be cheaper than healthier alternatives, which is why they are appealing to those on low income food budgets.

Obesity (AM)
According to the WHO, “an adult who has a BMI between 25 and 29.9 is considered overweight while an adult who has a BMI of 30 or higher is considered obese (a BMI below 18.5 is considered underweight, and between 18.5 to 24.9 a healthy weight”) . This is calculated by using a BMI calculator:

\[ \text{[Weight (lbs) ÷ height (in)^2 ] x 704.5 =BMI} \]

In 2005, approximately 1.6 billion adults over the age of 15 were overweight, and at least 400 million adults were obese. If trends continue, researchers believe that by 2015 approximately 2.3 billion adults will be overweight and more than 700 million will be obese. Obesity is prevalent around the world, the United States containing the highest percentage of obese adults in 2012 with 30.6%. Mexico (24.2) and the United Kingdom (23%) followed, with Slovakia (22.4) and Greece (21.9) placing fourth and fifth. A full 6% separates the United States and Mexico. In the U.S., obesity is most prevalent in the southeast.
This map (2008) shows that Mississippi is the “fattest” state with 31.6% of the state’s adults are obese, above the nation’s average percentage.

Obesity can cause a series of health effects, including (but not limited to): coronary heart disease, diabetes, cancer, liver and gallbladder disease, sleep apnea, and gynecological issues like infertility. We can assume that because obesity has been increasing over time, obesity-related illnesses and diseases have also increased. This will cause an increase in spending on health care and insurance. Since many households on food stamps are also on assisted government medical benefits, we should also assume that the government is spending more money on assisting people in doctor’s visits and hospital bills regarding obesity-related incidents. Even if the government is not paying for a person’s healthcare, they are then responsible for healthcare costs and bills. If the obesity rates drop, we will most likely see a drop in medical costs to the government and to the families with obese members.

**Obesity and Low-income households (IPK)**

Obesity rates are rising for all Americans, especially among the lower socioeconomic class. From 1990 through 2010, obesity rates dramatically increased on the United States. There were 12 states with an obesity prevalence of 30% in 2010. In contrast, no state had an obesity prevalence of 30% or more in 2000.

Percent of Obese (BMI ≥ 30) in U.S. Adult.
According to family income census data, 15.1% of Americans lived in poverty in 2010. Due to economic depression, the number of people in the U.S. living in poverty increased to 46 million people—the greatest number for last 50 years. Americans who live in the most poverty-dense regions are those most likely to be obese. Areas with poverty rates of over 35% have obesity rates 145% greater than wealthy areas. On the other hand, 43% of households with incomes below the poverty line ($21,756) are food insecure which leads to insufficient nutrition. To curb this problem, about 14% American counties aide this concern by providing more than 1 in 5 people with the SNAP program (Supplemental Nutrition Assistance Program)\textsuperscript{17}.

There are several factors that associate obesity with low-income households\textsuperscript{18}:

- lower-income areas have fewer stores that provide healthy foods
- stress and depression among adults leading to inactive lifestyles;
- many schools have lowered physical education requirements for children;
- in high-crime areas, mothers tend to keep their children indoors for a matter of safety, resulting in less exercise.
- lack of nutrition education

The connection between obesity and poverty cannot be ignored. Obesity is strongly associated with chronic diseases that account for 70% of U.S. health costs. For instance, regions with greatest rates of poverty have the greatest incidence of diabetes. In 2009, almost one third of Americans with household incomes below $25,000 were uninsured (no private or government health insurance). Of this group, there were around 5 million were considered obese, while 1 million of this group suffered from diabetes. With expanding health care provisions in the America, the potential health care costs of diabetes alone for these individuals is expected to hit $9 billion/year, or about $9,000 per new diabetes patient/year\textsuperscript{19}.

\textbf{What is SNAP? (AM)}
SNAP (Supplemental Nutrition Assistance Program), formerly the Food Stamp Program, is a federally run and federally funded program used to support families in need of food. The USDA (United States Department of Agriculture) is responsible for overseeing this program and its beneficiaries. SNAP’s main purpose is to “permit low-income households to obtain a more nutritious diet . . . by increasing their purchasing power” (Food and Nutrition Act of 2008).20 The first Food Stamp Program was established between May 16, 1939 and the spring of 1943. Secretary of Agriculture Henry Wallace, along with Administrator Milo Perkins and others, are credited with launching the building blocks to what is now the SNAP program. During this time, major producers had a large surplus of food causing them to lose money. Milo Perkins stated “we got a picture of a gorge, with farm surpluses on one cliff and under-nourished city folks with outstretched hands on the other. We set out to find a practical way to build a bridge across that chasm.”21 The government decided that in order to combat this issue, the Department of Agriculture would purchase the surplus from the farmers and sell it to the people for less. The idea was that families in need could purchase surplus food items that would otherwise be considered “waste”. This ideology worked for a time, until surplus foods were no longer an issue around the spring of 1943. The Department of Agriculture claims that up to 20 million people participated in this program over the course of four years with up to 4 million participants at its peak.21

After the period of “surplus food”, many government officials pushed for “Food Stamps” to be reenacted. One official in particular, Congresswoman Leonor K. Sullivan, pushed for the program to pass legislation. In 1961, President Kennedy first Executive Order called for the initiation of Food Stamp pilot programs. This time, however, he declared that food stamps will not be limited to purchasing surplus food. A few years later, in 1964, President Johnson requested Congress to create a permanent Food Stamp Program. The Food Stamp Act of 1964 was established and introduced by Congresswoman Sullivan on April 17, 1964. This Act not only ensured that low-income families will receive assistance, but it also brought the FSP (Food Stamp Program) under Congressional control, enacting all regulations into law.21

During the times to follow, major legislative changes occurred. These changes were caused by issues with accessibility and accountability of the new organization. The federal government issued three major legislative amendments to try to correct perceived issues. Firstly, in 1971, the government proposed uniform eligibility requirements across the United States while adding Guam, Puerto Rico, and the Virgin Islands to the list of U.S. lands eligible for SNAP benefits. Secondly, in 1973, the Agriculture and Consumer Protection Act allowed rehabilitating alcoholics and drug addicts to be allowed to qualify for food stamps. This Act also allowed people to qualify for “temporary” benefits during disasters and to be able to purchase seeds and plants for produce. Lastly, in 1974, the Department of Agriculture became responsible for fifty percent of states’ costs for administering the program. In 1977, the USDA passed the Food Stamp Act of 1977. This Act proposed major changes to the already-established system. This bill also exemplified the dichotomy between Democrats and Republicans and their views on the Food Stamp Program. According to the USDA, the Republican Party focused more so on simplifying administration and regulations while targeting the neediest of applicants.21 The Democratic Party focused on timely benefit delivery, targeting abuse of the system, and enduring the neediest Americans are receiving the benefits they need. Some of the new changes include
In the early 1980’s, the USDA continuously made amendments to their Food Stamp Program. One major change in this era was eliminating sales tax on food purchased with food stamps. This caused a major cutback in government spending on food stamp beneficiaries and ultimately led to an increase in allocated benefits to people already receiving them. The second major change in this series of amendments was to make outreach activities optional in many states. This means that in order to apply for food stamps and to continue eligibility, some states do not require that applicants attend classes or volunteer to obtain food stamps. Also during this time period, food stamps were transferred to an EBT (Electronic Benefits) card instead of the traditional paper benefits. The EBT card involved a long research project to see whether the use of an electronic benefits card is more efficient in “delivering” benefits and using them in approved stores. The EBT card is now used in all fifty states, Puerto Rico, Guam, and the Virgin Islands. The use of this card has effectively shown a decline in Food Stamp Fraud, lost or stolen Food Stamps, and effective delivery of benefits on a monthly basis. The Farm Bill of 2002 and the Farm Bill of 2008 proposed more changed to SNAP. These two Farm Bills are the most recent amendments to the Food Stamp Program. Some of the legislatures of The Farm Bills of 2002/ 2008 include 21:

· restoration of eligibility for food stamps to qualified aliens who have been in the United States at least five years;
· adjusting the standard deduction to vary by household size and indexed each year for inflation;
· Extended simplified reporting to all households
· Allowed for disqualification for clients who intentionally obtain cash by purchasing and then discarding a product to obtain the deposit or intentionally sells food purchased with SNAP benefits
· Gave USDA more flexibility in setting disqualification periods and fines for certain retailer violations.

Each of the fifty States participates in this program. It may not, however, be recognized as “SNAP” in each state. The official name of SNAP became effective starting October 1, 2008 to replace the “Food Stamp Program”. This means that any state that officially calls the assistance program the “Food Stamp Program” now calls it SNAP. As of January 2012, according to Virginia Commonwealth University, many states have adopted new program names. For example, Arizona refers to SNAP as “Nutrition Assistance”, Wisconsin has “FoodShare Wisconsin”, and Vermont has “3SquaresVT”.

http://www.workworld.org/wwwebhelp/names_of_state_food_stamp_programs.htm

Who is Eligible for SNAP? (AM)
According to the Congressional Research Service in their publication titled, “The Supplemental Nutrition Assistance Program: Categorical Eligibility”, in April 2012, there was an estimated 46 million persons in 22 million households benefitting from SNAP\textsuperscript{22}. Families that obtain a government standard of “low income” may qualify. The status is based on a household’s shared income and not individual income. A household is considered a person or group of people that live in the same house and prepare meals together\textsuperscript{23}. The USDA provides the following eligibility table for individuals in a household and their shared income:

<table>
<thead>
<tr>
<th>Household size</th>
<th>Gross monthly income (130 percent of poverty)</th>
<th>Net monthly income (100 percent of poverty)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,211</td>
<td>$ 931</td>
</tr>
<tr>
<td>2</td>
<td>1,640</td>
<td>1,261</td>
</tr>
<tr>
<td>3</td>
<td>2,069</td>
<td>1,591</td>
</tr>
<tr>
<td>4</td>
<td>2,498</td>
<td>1,921</td>
</tr>
<tr>
<td>5</td>
<td>2,927</td>
<td>2,251</td>
</tr>
<tr>
<td>6</td>
<td>3,356</td>
<td>2,581</td>
</tr>
<tr>
<td>7</td>
<td>3,785</td>
<td>2,911</td>
</tr>
<tr>
<td>8</td>
<td>4,214</td>
<td>3,241</td>
</tr>
<tr>
<td>Each additional member</td>
<td>+429</td>
<td>+330</td>
</tr>
</tbody>
</table>

(Oct. 1, 2012 through Sept. 30, 2013)

All applicants must meet the requirements of both gross and net monthly incomes to qualify unless the household contains at least one elderly person or one person that is receiving disability benefits only need to qualify under the net income column. The above table states that if a household with 2 people earns less than or equal to $1640 per month and can prove a net monthly income of $1261, can receive SNAP benefits. There are common instances where people do or do not want to be considered part of the same household. This is commonly for benefit reasons. If, however, someone would like to be considered or removed from a household list, he/she must provide proof that he/she does not cook meals with the others of the household\textsuperscript{23}.

Recently, another eligibility standard was implemented. “Categorical eligibility eliminated the requirement that households who already met financial eligibility rules in one specified low-income program go through another financial eligibility determination in SNAP\textsuperscript{22}.” This means that if a family is eligible for TANF, SSI (Supplemental Security Income), and state-financed GA programs, they have already undergone the process of eligibility screening and will not have to do so again for SNAP\textsuperscript{22}. Since SNAP is a federally –run agency, the government establishes a standard for “low-income” households that are uniform for each “federal aid” application.

Also, SNAP applicants must meet a household asset limit. Each household must own less than $2000 in liquid assets (less than $3250 in households with an elderly or disabled member). Also
included in the assets test are the household’s owned vehicles. In order to be eligible, the household must have less than $4650 of the fair market value of the vehicles.

If a household meets the above eligibility requirements, they will begin receiving monthly benefits on their EBT card. This EBT card is used like an ATM card. It contains an account number that is directly linked to a federal account. Every time a person uses his/her benefits, the amount is withdrawn. Each month the card is loaded with the appropriate allocated benefits and can be used almost immediately. This EBT card eliminates the hassle of using paper coupons and food stamps that can be lost, stolen, or sold. The EBT card also prevents fraud. Like an ATM or credit card, each applicant (one per household) is given a card with the applicant’s name on the front, an ID (or account number) and credit card number. In order to use the card, the back needs to be signed with the applicant’s name. When using the card at a SNAP approved location, a pin number has to be used and an I.D. is checked at the register.

**Where can you use SNAP benefits? (AM)**

Using the USDA’s SNAP retail locater at [http://www.snapretailerlocator.com](http://www.snapretailerlocator.com), beneficiaries can easily obtain names and location of stores that accept benefits in any state and territory in the United States. When selecting a location, an excel spreadsheet is created containing the names of the stores, location (including county), and GPS coordinates (latitude and longitude). This site also gives the option to obtain directions to each of these locations. Some of the approved major food retailers in NJ are: A&P, Acme, Aldi, BJ’s Wholesale, Big Kmart, Bottom Dollar Food, Costco Wholesale, Pantry One Food Mart, Pathmark, Shop Rite, Stop & Shop, Target, Wal-Mart, Wegmans, and Whole Foods. This list also contains family owned food stores, pharmacies (CVS, Rite Aid, Duane Reed), farmers markets, convenience stores (Quick Chek, Wawa), dollar stores (Family Dollar), and many more ethnic food markets. There are 6184 stores in NJ that accept food stamps as of October 03, 2012. This is a very effective and easy way to find stores that accept food stamps. This website also contains links to other nutritional information like MyPlate, Eat Right When Money’s Tight, and Benefits.gov.

**What can you buy with SNAP? (AM)**

People receiving SNAP benefits have many options when purchasing foods. They may purchase breads, cereals, fruits, vegetables, beef, fish, poultry, pork, dairy products, and seeds used for edible produce. Items considered “Junk Food” and “luxury food” can also be purchased with SNAP benefits. These were added after the Food and Nutrition Act of 2008 defined eligible food as “any food or food product for home consumption and also includes seeds and plants which produce food for consumption by SNAP households.” After this Act, soft drinks, candy, cookies, ice cream, seafood, steak, and bakery goods we added to the list of SNAP items. Households can not purchase beer, wine, liquor, cigarettes, tobacco, pet foods, soaps, paper products, household supplies, vitamins, medicines, or hot foods. Some questionable items, however, may or may not be purchased with SNAP. One example would be holiday pumpkins. If the pumpkin is edible
and sold in the store as food, then it can be purchased with SNAP. If the pumpkin is solely for decorative purposes, then it is not an eligible item\textsuperscript{25}.

**Anti - Obesity Campaign and Nutrition Education (IPK)**

Today, the most popular anti obesity campaign is the LET’S MOVE! campaign, launched by the First Lady Michelle Obama. This project is dedicated to solve the problems related to childhood obesity. The main purpose of this action is to show children and their parents, healthier and simple ways to live by educating them on how to make the right choices and stay healthy.

The Food and Nutrition Service (FNC), a branch of the United States Department of Agriculture, offers food assistance programs and a wide range of nutrition education materials which are available online in the form of fliers, posters, and brochures. There are many food assistance programs available, such as: School Breakfast Program, School Lunch Program, Summer Food Service Program, Child and Adult Care Food Program which are providing nutrition education and food service for children in schools. Likewise, the USDA also offers programs for adults in order to help low-income families and women by providing them food stamps and nutrition education. Some of these programs are: Supplemental Nutrition Assistance Program (SNAP), Supplemental Nutrition Program-Education (SNAP-Ed), and Special Supplemental Nutrition Program for Women, Infants and Children (WIC). WIC offers nutritional education not only through brochures, fliers, and posters, but also class-based education and discussion groups. The Supplemental Nutrition Assistance Program also provides nutrition education materials online, but does not offer the class-based lessons\textsuperscript{26}. SNAP-Ed is a federal/state partnership that supports nutrition education for SNAP beneficiaries. The goal of SNAP-Ed is to increase the likelihood that people eligible for SNAP will make healthy food choices within a limited budget and choose physically active lifestyles. SNAP-Ed is delivered directly through group and individual interactive learning opportunities, but it is not compulsory for those people who are eligible for food stamps\textsuperscript{27}. Public nutrition education is expected to produce positive changes in eating habits, food preparation, food choices, and health status.

In order to assess the effectiveness of public nutrition education, the program, “The Families First: Nutrition Education and Wellness System” that took place in Texas between 1998 and 2000, was evaluated by Jones, Nobles, and Larke. This program enrolled 66 Food Stamps recipients including low-income Hispanics, African Americans, and European Americans. The FF NEWS program consisted of 55 lessons which lasted 1 ½ hours each and included topics about nutrition, physical activity, and personal responsibility. Overall effects of the FF NEWS program on its participants were constructive, because they adopted positive practices in food-preparation and food-purchase. Therefore, they gained the knowledge needed to change their eating habits toward a healthier and more conscious lifestyle\textsuperscript{27}.

**What can we do to improve the processed food and obesity crisis? (AM)**
As we have shown, processed foods and their ease of access is enabling Americans to be comfortable with the “no cooking” diet. This is becoming a major issue and leading to many health issues such as obesity, diabetes, heart disease, and high blood pressure, to name a few. In order to battle this epidemic we need to help educate people most affected by obesity. The prevalence of obesity in low-income households can be attributed to lack of nutrition education and poor food choices. In order to ensure that low income families, specifically those that receive SNAP benefits, that each applicant should be required to take a course on the program’s benefits, nutrition, healthy eating, and money saving tips for eating right. Many federally funded agencies provide this information optionally and free of charge. We believe that by making the courses required, the people that need the food stamps will be interested in how to shop smart for eating healthy for their families. Secondly, providing a nutritionist consultation free of charge would help improve diets of people receiving SNAP benefits. This nutritionist would be paid by the federal government and would set up a diet plan after a consultation (at no cost to the recipient) at the local SNAP office. In New Jersey, SNAP has an office in every county. In addition to classes and free nutritionist visits, we would like to provide facilities or discounted memberships to the YMCA or other local gyms for people who would like to get fit but can not afford it. By adding these three benefits to the SNAP program, we believe that the rate of obesity in low-income household will be greatly reduced. This will ultimately affect the amount of money spent on medical care related to obesity issues. It will also help the household save money by buying fresh foods instead of frozen processed foods. The initial cost to the government will be substantial but we believe that the return investment, the health and quality of life of Americans, is more important.

**Community Action (SS)**

The goal of our service project was to change the regulations of food stamps by incorporating an educational requirement. We were unsure how to do accomplish this, so we decided to start within the Rutgers community by visiting Dr. Debrah Palmer. Dr. Palmer is the director to the SNAP-ED office here at Rutgers and for the New Brunswick area. During our visit we asked her some questions and gave her our proposal for our service project. Fortunately, Dr. Palmer and her colleagues are in the process of releasing online nutritional lessons and informational podcasts for those on food stamps. All of these materials were previously unavailable to the public at the time of our visit, but now they are available via SNAP’s online resources.[http://www.snaped4me.org/](http://www.snaped4me.org/). Unfortunately, we could not establish any momentum in establishing mandatory education due to a variety of reasons. The first reason was that there was not any funding available at the time. Funding for the year was maxed out and as a result we could not get the finances to achieve our goal. The other issue was based more on a logistical problem in that it is difficult to assemble people on food stamps to come to nutritional education lessons and if they would be effective. From SNAP’s point of view, it is more effective for
people to self educate themselves on their own time and to have those resources readily available for them.

At first this seemed like a major set back, but we decided we would branch out and move to other options. Due to time and travel restrictions, we could not travel to anyone else feasibly. As a result we decided it would be best to send out our proposal to Chris Christie and to the USDA. By doing this we have a good chance of persuading someone of great influence in the state of New Jersey to promote change. So far we are happy about the availability of educational material supplied by SNAP, but it is not enough. This is a good start but we want to make sure that these resources have influence on those who are on food stamps. This is why our service project is so imperative; we need everyone to become aware of his or her food choices in order to be healthier. That is why we are pushing for an educational requirement for those on food stamps. With help from our governor and the USDA, our proposal can become reality. If implemented we feel that the overall rate of obesity in the country will decline. Our project is not complete, but we have increased awareness to this issue. SNAP is heading in the right direction by releasing a variety of online educational materials, but we need to implement a set amount of class time to make sure SNAP recipients are benefiting from these resources. Whether it is in-class time or online seminars, this mandatory nutritional education will make a difference and ultimately help to lower the rate of obesity in the United States.

Ultimately there needs to be change in the food stamp system. An educational requirement would be a good start to put an end to obesity among those who are on food stamps. It is not expensive to be healthy. If we can get food stamp recipients to switch from processed foods to more whole foods, then many benefits will follow. Obesity rates will go down, as well as rates of heart disease and diabetes. By implementing this education requirement for food stamp recipients, the United States can snap out of obesity.

Dear Governor Chris Christie,

We are writing to you regarding a group project for our Ethics in Science course and a self-appointed assignment concerning a topic of interest. We are three Undergraduate students from Rutgers University in New Brunswick with three different degree paths and disciplines. We decided to discuss the issue of New Jersey SNAP (Food Stamps) for our project because we are all equally interested in the ethical issues surrounding our food systems and their effects on human health. As a large part of the assignment, we are expected to complete a service project oriented around our beliefs on how we can improve the current system. We wanted to focus on the current obesity epidemic and how Food Stamps and their regulations have played a part in the growing number of the obesity population in America. We believe that certain actions must be taken to deter the downfall of this country’s health. We feel that nutrition education classes should be made mandatory for all SNAP recipients. We propose this amendment to the program to ensure that each applicant is receiving a higher quality of nutritional education than what is
currently provided in the form of pamphlets, websites, and articles. It should be an additional condition for SNAP recipients, because it raises their awareness of how important it is to make healthy food choices. According to Ann Barnhill, “low income people consume more sugary sodas and sweetened beverages than do higher-income people.” On average, sweetened beverages deliver to those who drink them 200-300 calories per day. Last year the federal government spent around $4 billion on soda for SNAP recipients. In contrast, only $650 million was spent to prevent diabetes, and this is but one example. The modification of SNAP is a great idea, because it will limit the buying of sweetened beverages and other processed foods for a certain percentile and since several amendments have been made to limit the use of Food Stamps in the past only to be amended once again. We do not think that limiting the use of Food Stamps to only fresh foods is an effective method. The most preferable option would be to make participation in a nutrition education class mandatory for SNAP recipients, because it would increase the general awareness of processed foods and their negative effect on human health without taking away the freedom to decide.

Sincerely,

Steven Skula, Ilona Pisarek-Kmieciak, and Amanda MacDonald

USDA Food and Nutrition Service
3101 Park Center Drive
Alexandria, Virginia 22302

Ms. Stacey Brayboy,

I am writing to you as a student at Rutgers University and also as an employee within the USDA family. My name is Amanda MacDonald and I currently work in the Linden, NJ PPQ Plant Inspection Station while attending Rutgers University’s New Brunswick campus as a Plant Science major. Within my time at the University this fall, I was tasked with a project (in collaboration with two of my classmates) to address a topic we deem to be of ethical importance. We decided to address the issue of Food Stamps, now SNAP, and hope to offer some advice on how to improve the program’s effect on the rate of obesity in America.

During our research, we noticed a trend in the rate of obesity vs. low income households. In fact, James Levine states in his article titled Poverty and Obesity In the U.S. that “counties with poverty rates of >35% have obesity rates 145% greater than wealthy counties.” This is but one of many statistics we have come across to believe that poverty and obesity are highly correlated. We have also seen that as of June 2012, approximately 46.7 million people in the United States currently receiving SNAP benefits. These numbers are an important factor in our belief that there is something we can do to help extend nutritional education to large amounts of people at a time. We propose that the USDA make nutrition education classes mandatory for all SNAP recipients. We recommend this idea with respect to the applicants and how we think they will
benefit from such an amendment. Mandatory classes, provided by the government at no cost, will help people make the right decision when it comes to purchasing foods for their family with the assistance of government aid. By allowing people to have access to free nutritional education, there is a greater chance that they will make more educated decisions when shopping for food.

There are many factors to consider when recommending this change to the program. We are willing to discuss our proposal further if you would like, especially regarding a method of delivering these educational programs to the public and be able to financially support them. We hope to hear from you or your colleagues regarding our ideas and the means to implement them.

Please feel free to contact me at amandmac@eden.rutgers.edu for comments or inquiries and I will forward your questions to my classmates as well. I appreciate your time and look forward to hearing from you in the near future.

Sincerely,

Amanda MacDonald

References:


Nutrition education as a key to healthier life

Within the last 30 years the obesity rate for adult Americans has more than doubled from 15% to 32% and currently it is estimated that two thirds of Americans are either overweight or obese. This has a strong association with a lack of nutrition education, increased consumption of processed foods and inadequate consumption of whole foods.

The solution to the problem is increasing the awareness of how unhealthy processed food is and how crucial it is to make the right choices with food. Nutrition education is a very important tool which provides an audience with knowledge that allows them to avoid and prevent diseases. A solid background in nutrition education is one key to achieving the goal of making life easier and healthier, especially in groups in higher risk, such as children, elderly, and among low-income people that are more prone to be obese. Most of those people are Supplemental Nutrition Assistance Program (SNAP) recipients (46 million persons from 22 million households receive this kind of aid).

The connection between obesity and poverty can not be ignored because obesity is strongly associated with chronic diseases that account for 70% of U.S. health costs. For instance, regions with greatest rates of poverty have the greatest diabetes rates as well, which are linked to
obesity. The potential incremental health care costs of diabetes patients is $9,000 per patient a year.

It would be much easier and cheaper to pay for nutrition education teachers and materials than spend $9 billion/year to treat diabetes patients. This is why, I am suggesting for every SNAP applicant be required to take a nutrition course in order to receive benefits. Many people are skeptical about changing their diets because they have grown accustomed to eating or drinking the same foods, and there is a fear of the unknown by trying something new. I believe that the small steps toward changing eating habits and increased awareness through nutrition education allow them to care for their health in a better manner.

Ilona Pisarek-Kmieciak

oped@nytimes.com
Amanda MacDonald
Ethics in Science – Letter to the Editor
NY Times
November 13, 2012

**Educating SNAP Participants is the First Step Toward Battling the “Obesity Epidemic”**

To Whom It May Concern,

My name is Amanda MacDonald and I am currently a student at Rutgers University. I am enrolled in an ethics course that involves researching a topic that we would like to address and, hopefully, improve with our own ideas and proposed changes. I would like to address the issue of obesity and its relation to processed foods and the use of food stamps. During my research on this topic, I came across many statistics not only supporting the correlation between obesity and processed foods, but also supporting the correlation between obesity and the use of SNAP benefits (formerly known as Food Stamps). I have come to find that households that participate in SNAP have the highest rate of obesity. In order to combat the “obesity epidemic” that affects 80% of Americans, I, along with my project group members, propose that new rules and regulations be established for SNAP applicants.

Obesity is a major problem in the United States. A recent study claimed that 60 million Americans, 20 years and older are obese (1). I believe that the major issue is not the price of food or the availability of food, but a serious neglect of nutritional education. It is not taught in schools, so many people consult the internet, books, and their peers regarding nutritional education, each of which may give conflicting advice. If we can battle the neglect of nutritional education in a particular group severely impacted by obesity, we may be able to help rid Americans of the “obesity epidemic”.

We believe that all applicants for SNAP must complete a course based on nutrition. We hope that if this course is enacted, that the federal government would provide the materials, curriculum, and trained nutritionist for the course. Since the applicants are within the low income household bracket, we believe that these courses should be provided free of charge to everyone required to take them and be held in already-existing SNAP offices. The ideal class would be approximately eight hours over the course of several sessions and will cover topics such as: healthy eating, smart spending, and regulations of SNAP (where it can be used and what it can purchase). We believe that by educating a portion of the public suffering from obesity, we can help combat the issue as a whole.
I hope that the inclusion of my essay will better portray the message I intend to spread. Please feel free to contact me at amandmac@eden.rutgers.edu for more information regarding the progress of this project.

Thank you for your time,
Amanda MacDonald

Steven Skula
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973-800-2038

Time To SNAP Out Of Obesity

Obesity is a major concern for Americans, and it is increasingly becoming more prevalent among those in lower socioeconomic statuses. The use of food stamps supplied by the SNAP program (Supplemental Nutrition Assistance Program) is a necessity for many who are in poverty or in the lower class. About 1 in 5 American families need food stamps in order to maintain a sufficient level of nutrition. As of 2008, 30.6 percent of adults in the United States were obese. That makes the America the most obese country in the world. At the rate we are going, this statistic will only change for the worse, and more and more Americans will become obese. What is alarming is that of those who live in poverty and require food stamps have an obesity rate that is one hundred and forty five percent higher than those who live in more wealthy areas. People of lower economic status have less nutritious diets because it is easier to afford a diet consisting of less nutritious foods. Many products that are cheap are processed foods; they are generally high in fat, carbohydrates, sugar, and may contain trans fats. A diet high in fats, sugars, and trans fats inevitably will lead to obesity. Obesity is linked to many chronic diseases that account for seventy percent of US healthcare costs. Many of those in poverty do not have health insurance and cannot afford to get sick. Illnesses that are due to obesity are preventable and with proper nutrition, even those on food stamps can eat well and be healthy.

Strategies in the past revolved around trying to get people to exercise more. Examples of anti-obesity/exercise campaigns are NFL play 60, the campaign to end obesity, and go4life. Exercise is in fact one of the best ways to be fit and healthy, but it is not easy for those who struggle to make a living. Someone who has to work more than eight hours per day (maybe more than one job), while taking care of a family, does not have the time to exercise for an hour each day. The next step is to analyze the food choices that these people are making. If the government can help people make better food choices, then they can also get the upper hand on the fight against obesity.

To solve this problem, the government needs to step in and educate those who are eligible for and use food stamps. I do not think that the government needs to place restrictions on what a person can buy with food stamps, because that is just unconstitutional. Rather, it is imperative that the government takes action to insert a food education requirement in order to use them. By educating food stamp recipients we do not take away their freedom to choose, rather we make them more aware of their choices and the physical impacts they can have on their health. By implementing an education requirement by hours or a specific number of classes, we can help those in poverty to make smarter choices with their food stamp credit. It is not overly expensive to make healthy food choices, and in some cases it might be cheaper to eat healthier foods.
This is not the full solution to the obesity epidemic that plagues America. A combination of a healthy diet and proper amounts of exercise is key to good health. Unfortunately many do not have the time or motivation to exercise. If we can change food stamp regulation by adding a nutrition education seminar(s), there will be a decrease in obesity over time. Ultimately, if we can push for reform like this in New Jersey, then ultimately we can change federal legislation as well. If New Jersey can be the first state to push for food stamp reform, then our state will provide leadership that helps to benefit everyone else around the country that depends on food stamps. This new avenue of legislation would provide a way for more Americans to snap out of obesity and live healthier lives.

The published version in the Bergen Record: November 15th 2012

**Opinion: Food-stamp reform can combat obesity**

Wednesday November 14, 2012, 5:17 PM

BY [STEVEN SKULA](mailto:Steven.Skula@rutgers.edu)

The Record

Print | E-mail

*Steven Skula is a senior at Rutgers University currently participating in a research class on ethics.*

AS OF 2008, 30.6 percent of adults in the United States were obese. That makes the America the most obese country in the world. At the rate we are going, this statistic will only change for the worse.

What is alarming is that those who live in poverty and require food stamps have an obesity rate that is 45 percent higher than those who live in more wealthy areas. People of lower economic status have less nutritious diets because it is easier to afford a diet consisting of less nutritious foods. Many products that are cheap are processed foods; they are generally high in fat, carbohydrates and sugar, and they may contain trans fats. A diet high in such components inevitably will lead to obesity.
In the United States, obesity is linked to many chronic diseases that account for 70 percent of health care costs. Many of those in poverty do not have health insurance and cannot afford to get sick. Illnesses that are due to obesity are preventable, and with proper nutrition even those on food stamps can eat well and be healthy.

Strategies in the past included trying to get people to exercise more. Exercise is in fact one of the best ways to be fit and healthy, but it is not always easy for those who struggle to make a living. Someone who has to work more than eight hours per day (maybe more than one job) while taking care of a family does not have the time to exercise for an hour each day.

Another option is to analyze the food choices these people are making. If the government can help people eat healthier foods, then they can also get the upper hand in the fight against obesity.

To solve this problem, the government needs to educate those who participate in the Supplemental Nutrition Assistance Program, those who get food stamps. I do not think that the government needs to place restrictions on what a person can buy with food stamps. Rather, it is imperative that the government take action to insert a food education requirement in order to use stamps.

**Aware of choices**

By educating food-stamp recipients, we do not take away their freedom to choose, rather we make them more aware of their choices and the physical impacts they can have on their health.

By implementing an education requirement by hours or a specific number of classes, we can help those in high-risk groups make smarter choices with their food-stamp credit. It is not overly expensive to make healthy food choices, and in some cases it might be cheaper to eat healthier foods.

This is not the full solution to the obesity epidemic that plagues America. A combination of a healthy diet and proper amount of exercise is key to good health. Unfortunately, many do not have the time or motivation to exercise.

If we can change food-stamp regulation by requiring a nutrition education seminar, there could be a decrease in obesity over time.

Ultimately, if we can push for reform like this in New Jersey, then we can change federal legislation as well.

If New Jersey can be the first state to push for food-stamp reform, our state will provide leadership that helps to benefit everyone else around the country who depends on food stamps.

This new avenue of legislation would provide a way for more Americans to snap out of obesity and live healthier lives.

http://www.northjersey.com/authors/?name=STEVEN%20SKULA