

# **The Government's Food Stamp Program is responsible, in part, for the Obesity Epidemic in the US**

## **Relationship Between Childhood Obesity and Families Receiving SNAP Benefits and the Purchase of "Empty Calorie Non-Foods"**

**Tag Words:** Childhood Obesity; Body-Mass Index (BMI); Food Stamps; Supplemental Nutrition Assistance Program (SNAP); Food Insecurity; Junk Food; Cultural Influences; United States Department of Agriculture (USDA); Government Transparency

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### **Summary**

There is a strong correlation among families who receive SNAP benefits from the U.S. government and obesity among children, particularly minority children. Part of this is due to the fact that unhealthy food items such as soda, candy, cookies, bakery cakes, and ice cream can be purchased with SNAP benefits under The Food and Nutrition Act of 2008. There are other factors that influence this correlation, which will be explored, such as lack of exercise and cultural influences. We suggest making unhealthy food items ineligible for SNAP and encouraging SNAP recipients to find healthier alternatives for unhealthy ingredients (butter, lard, etc.). Our project will be mailed to an important person in the recent movement to reduce levels of childhood obesity, the First Lady, Michelle Obama, in an attempt to make the changes a reality. We also will petition the USDA using the Freedom of Information Act to release the data about the amount of SNAP funds used to buy junk foods like soda, candy, and cookies.

**Video Link:** <http://youtu.be/WFiRrp1f-Bg>

**Part 1: The Issue & its solutions (a very detailed investigative report). Indicate who wrote which part.**

### **Obesity as a problem -- AR**

Obesity began as an exponentially growing epidemic in the United States, with percentages of prevalence among the entire population doubling and tripling within the last fifty years, but now, being overweight or obese has become the American cultural norm. Obesity is defined as an excess of body fat and is classified by a body-mass index (BMI) of thirty or higher. There are multiple factors that can cause obesity including genetic predisposition, learned habits (overeating or eating unhealthily and under exercising), environmental factors (cultural factors and socioeconomic status), and psychological factors. Not surprisingly, obesity can lead to a multitude of dangerous health effects such as heart disease, type 2 diabetes, high blood pressure, dyslipidemia, certain types of cancer, stroke, sleep apnea or other breathing problems, osteoarthritis, and liver and gallbladder disease (1). Obesity is dangerous, yet rates continue to

climb year after year, with no signs of slowing.

In a roughly fifty year period, from 1960 to 2008, the percentage of obese Americans nearly tripled from 13.3% to an astonishing 34.7% (2), with the current adult obesity rate at 34.9% (3). Among minorities, these levels are even higher: 47.8% of African-Americans and 42.5% of Hispanics are obese (3). This exponential rise in obesity has been caused by multiple changes in the American lifestyle including, but not limited to, an increase in processed food, and increase in portion sizes, a shift toward a more sedentary lifestyle, the invention and widespread use of electronics, and an extensive increase in fast food restaurant locations and availability. The children's obesity rate is equally startling--soaring from 7% to almost 18% among 6 to 11 year olds and from 5% to 21% in 12 to 19 year olds, in a short thirty-two year period (4). The current rate of obesity is even more dangerous and crippling in children partially because the likelihood that they will remain obese into adulthood is between fifty and eighty percent, depending the age of the child (5). In New Brunswick, the obesity rates are even more astounding. In every age group, the number of obese New Brunswick children is greater than the national average. Percentages of obese children ages 3-5 are 3x higher than the national average (29% vs. 10%), ages 6-11 are nearly 10% greater (28% vs. 20%), and ages 12-18 are 7% greater (25% vs. 18%) (6). Additionally, the vast majority of New Brunswick parents do not believe their children are obese, and therefore, do little to help them achieve a healthier weight or live healthier lifestyles.

Oddly enough, families who are "food insecure" and receive food stamps have higher obesity rates than the general population. In one study, SNAP was linked to a 2.2 kg/m<sup>2</sup> increase in BMI (7). Other studies found the obesity rate among SNAP children was 17.5%, compared to 14.9% of nonparticipants (8) and among adults the percentage of obesity was 28.1% in SNAP participants and 17.5% in non-participants (9).

### **Different kinds of food stamps -- EA**

The various types of food stamps that can be utilized depend on the status of the individual. There are currently four different kinds of these benefits: the Supplemental Nutrition Assistance Program (SNAP), the Woman, Infants and Children program (WIC), the National School Lunch Program, and the Senior Farmer's Market Nutrition Program (10).

Using SNAP, low-income families receive monthly benefits on an electronic benefits card, other known as an Electronic Benefit Transfer (EBT) card. As of June 2009 paper food stamps or coupons was terminated and this new system was conducted. This system allows customers to purchase items at any participating grocery stores or venues of such eligible food products. These benefits are distributed on a state and local level at local SNAP offices. This program also may be allocated to those involved in the aftermath of a natural disaster.

The Woman, Infants and Children program (WIC) provides benefits to pregnant and postpartum women, infants and children up to the age of 5 years old who are identified to be at nutritional risk as well as meeting the income guidelines of the states WIC program. Checks or EBT cards are administered to those involved on a monthly basis or are directly issued nutritional food directly from the state agency. The WIC program also offers coupons to be used to purchase fruits and vegetables at the local farmer's market as part of the Farmer's Market Nutrition Program (11).

The National Lunch Program offers free and discounted lunch to those in low-income children. They are distributed all throughout the school year as well as breakfasts and lunches during the summers. The Fresh Fruit and Vegetable Program and the Special Milk program are other Federal programs issued to public schools to provide low-income children with fresh fruits and vegetables and milk at no cost at schools that are not participating in other Federal food programs.

The Senior Farmer's Market Nutrition Program is run much like the Women, Infants and Children program. Coupons are issued to low-income seniors that are used to purchase eligible food items at participating community supported agriculture programs and farmer's markets. The availability of these benefits varies by state and is only issued during the harvest season. The coupons used in this program are administered to help improve the nutritional quality of foods consumed by low-income seniors nationwide.

### **Women, Infants, Children: Why changes to the WIC framework should influence SNAP -- KR**

The December 2007 *Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages; Interim Rule* was the first major revision to the program since the early 1980's. It has been effective as of February 2008 with state agency implementation of provisions occurring no later than August of 2009. This modified the WIC program in several ways.

First of all, comments regarding the process of changing the WIC program were made publically available, giving citizens the disclosure that is fair as their tax dollars are funding a government implemented program (24). This transparency is something we would like to see happen with SNAP. The WIC revisions also propose to limit state authority to categorize food products. There is a focus on the availability of a wide array of fruits and vegetables and cultural-based preferences, work with vendors to supply this (24).

The disallowance of white potatoes is one example of how WIC limits the consumption of certain foods. The proposal also reduces the maximum amount of cheese purchased by WIC participants, as well as reducing the allotment of juice in order to promote the intake of whole fruits instead. Whole grains are emphasized as well, and WIC specifies that bakery items must contain whole wheat listed as the primary ingredient in order to be considered eligible (24).

While certainly WIC and SNAP are designed to supplement different demographics of people, we do not see why revisions to SNAP cannot be made if WIC has implemented changes to improve the structure of their program and better tailor itself to the needs of its participants. The alterations made to WIC should serve as examples for SNAP to follow through with its own set of amendments to improve the health of its participants.

### **Why did we focus on SNAP? -- KR**

SNAP is the acronym for the Supplemental Nutrition Assistance Program, which previously was called the Food Stamp Program. SNAP is used to cover basic groceries like breads, cereals, fruits, vegetables, meat, fish, poultry, dairy products, and seeds or plants that produce food. SNAP cannot be used to purchase alcohol, cigarettes, tobacco or any other nonfood items, such

as pet food, soap, paper products, household supplies, vitamins, medicines, or food that will be eaten in the store (12).

Our concern regarding SNAP is that it can also be used to purchase junk foods, like soft drinks, candy, cookies, snack crackers, bakery cakes and ice cream because they are food items and are therefore also eligible SNAP items (12). The consumption of these food items has been directly linked to increased rates of obesity. Analysts assert that harnessing the data on SNAP purchases is a difficult, expensive and unwieldy task because the food sellers categorize products differently.

SNAP also targets extremely vulnerable demographics, such as low-income families that often include children, the elderly, or the disabled. In fact, more than three-quarters of SNAP households include a child, elderly person, or disabled person and these households receive 83% of all SNAP benefits (13). SNAP eligibility is also limited to households with gross income of less than 130% of the federal poverty guideline, but the majority of households have income well below the maximum. More than 80% of SNAP households have gross income at or below 100% of the poverty guideline (\$19,530 for a family of 3 in 2013), with these households receiving about 91% of all benefits. More than 60% of SNAP households have gross income at or below three-quarters of the poverty guideline (\$14,648 for a family of 3 in 2013) (13).

The demand for food assistance is already greater than what SNAP can fill; therefore, SNAP benefits do not cover food costs for the whole month for most participants. Roughly 58% of food bank clients currently receiving SNAP benefits turn to food banks for assistance at least six months of the year (13). With the average monthly SNAP benefit per person at \$133.85, this translates to less than \$1.50 per person, per meal (13). Thus, SNAP participants are often disadvantaged members of society who may not have access to the resources others of higher socioeconomic status may. With the demand of food stamps rising, reliance on SNAP is increasing, along with the United States obesity rate.

According to the FDA, “the Food and Nutrition Service does not have authority to determine whether branded products have been appropriately labeled as supplements and cannot answer inquiries relative to why particular branded products carry a supplement facts label. Such questions/concerns must be directed to the product manufacturer. Product manufacturers label their products based on Food and Drug Administration (FDA) labeling guidelines and are in the best position to provide labeling rationale.”(14). We are concerned about this correlating relationship between food choices and obesity rates, along with the difficulty of the public to learn more about why the government does not mediate SNAP more stringently. We believe that the administration of SNAP can be altered in a way that benefits its users and encourages healthier eating habits. SNAP should be altered by further limiting the products available for purchase to exclude unhealthy items, providing more transparency to the general public as to how SNAP operates, and changing the SNAP payment cycle to be distributed benefits more frequently and evenly within the month to prevent binge buying.

#### **Who uses SNAP benefits and what are they buying? – EA**

As of April of 2013, more than 47.5 million Americans have participated in the SNAP program receiving food stamps nationwide (15). Recent statistical data shows that every one in seven Americans receives SNAP benefits, which is higher than any country in the world. Some states

utilize the program more than others depending on the amount of low-income individuals and just those who need financial assistance. For example, Mississippi uses 20.8% of the country's food stamps, while Wyoming only uses 6.3% as of research conducted on November 23, 2013.

The recipients of SNAP can be broken down into many forms of demographics. Data as of the fiscal year of 2012 represents that 37.6% of the individuals that use the program are white, 23.6% are black, 9.1% are Hispanic, 3.2% are Native American, 2.3% are Asian, and 17.1% are unknown (16). From the years 1969 to 2011, the amount of participants using the SNAP program has increased by more than 15 times, from a merely an average of 2,878,000 to 44,709,000 low-income people.

There is a large controversy surrounding the release of statistical data revealing the items purchased by the SNAP program recipients and the quantities of items being bought. Americans spend an average of \$80 billion each year funding food stamps, but the people do not even know exactly where their money is going. Federal rules are the cause of this information not being released to the public or even to federal agencies such as the USDA. States have denied releasing this information for undisclosed political and economic reasons. However, under the Information of Freedom Act (FOIA), the public has the right to know such vital information. Legislation defends this information by threatening anyone releasing it to be jailed.

### **Linking SNAP and Obesity Rates -- AR**

While both SNAP participant and non-participant children did not meet all food group recommendations, in nearly every category, SNAP participants averaged a lower daily serving intake than non-participants (7). In fact, the only categories in which SNAP participants ingested more servings than nonparticipants were in sugar-sweetened beverages (43% more), processed meats (44% more) and high-fat dairy products (47% more) (7). Each day SNAP participants ingested 200 additional calories, .5% greater saturated fat, .6% greater total fat, and 9 mg of calcium more than non-participants (7). Yet in every other category--dietary cholesterol, carbohydrates, protein, dietary fiber, sodium, potassium, and iron-- participants ingested less than non-participants (7). It is clear that SNAP participants are deficient in the nutrients that are good for them and are superfluous in unhealthy areas.

The deficiency in multiple nutrients among children and families most likely stems from the fact that many food stamp participants use their SNAP benefits to "get the most bang for their buck." They do this by purchasing foods like pasta, potatoes, beans, and bread products--which are inexpensive, come in large quantities, and are highly filling. This massive influx in carbohydrates and calories will ultimately lead to an increase in fat, leading to obesity. Additionally, by purchasing unhealthy, filling foods, more money is left on the SNAP card for the unhealthier things that the benefits can be used to buy, like candy and soda. Unfortunately, the same laws that prevent the USDA from sharing the information they have about how much soda is purchased also keeps us from knowing how much of the benefit money is used to buy pasta and potatoes compared to fruits, vegetables, milk, and other healthier items. In a study held in 1989, half of all children ages 2 to 18 consumed less than a single serving of vegetables per day, and of those who did consume a serving of vegetables, half of those "vegetables" were french fries (17). It can be assumed that this number has only increased due to the skyrocketing popularity of french fries in the modern world--one can get them pretty much anywhere. Similarly, in 2011, Congress allowed pizza to be considered a vegetable in school lunches

because of the small amount of tomato paste it contained. The United States has lost sight of what true nutrition means and the problem only seems to be worsening.

People who are receiving SNAP are supposed to be low-income and unable to afford enough food to feed their families, yet they use a good amount of their monthly payments for something that is in no way a necessity--soda. While the USDA cannot release exactly how much of SNAP is spent on things like candy, soda, and cookies, it is estimated that nearly \$4 million dollars of SNAP money is spent on soft drinks each year (8). This \$4 million dollars seems like nothing in the scheme of the roughly \$71.8 billion dollars SNAP provided in 2011 (8) -- it is less than .005%. Over the last several decades, soda consumption has increased immensely while milk consumption has decreased rapidly. The majority of this increase in soda intake can be traced to the massive amount advertising that soft drink companies do. However, another part of this increase is the amount of lobbying soft drink companies do in the U.S. government, which ultimately has an influence on product prices. In recent years, milk has become increasingly expensive, with people spending nearly \$4 per gallon, compared to soda that is approximately \$1.50 for a two-liter bottle, which equates to roughly \$3 per gallon. These political motives are thought to be the reason that soft drinks have been allowed to remain on SNAP's eligibility list despite a recent spike in attention and controversy.

Another factor of SNAP that influences obesity is the amount of time one receives their SNAP benefits. Multiple studies have shown that the longer a person receives SNAP, the more likely that person is to become obese, particularly among women (9 and 18). For instance, females who received SNAP benefits for more than 24 months have a 4.8% greater prevalence of obesity than non-recipient women (18). However, men who receive SNAP for at least two years also had an increased BMI compared to their non-recipient counterparts, but this increase was not seen in men receiving benefits for less than two years or who were occasional short-term participants (19). The average length of time a person or family receives SNAP benefits is nine months, so this does not have as large an impact as the other factors do (20).

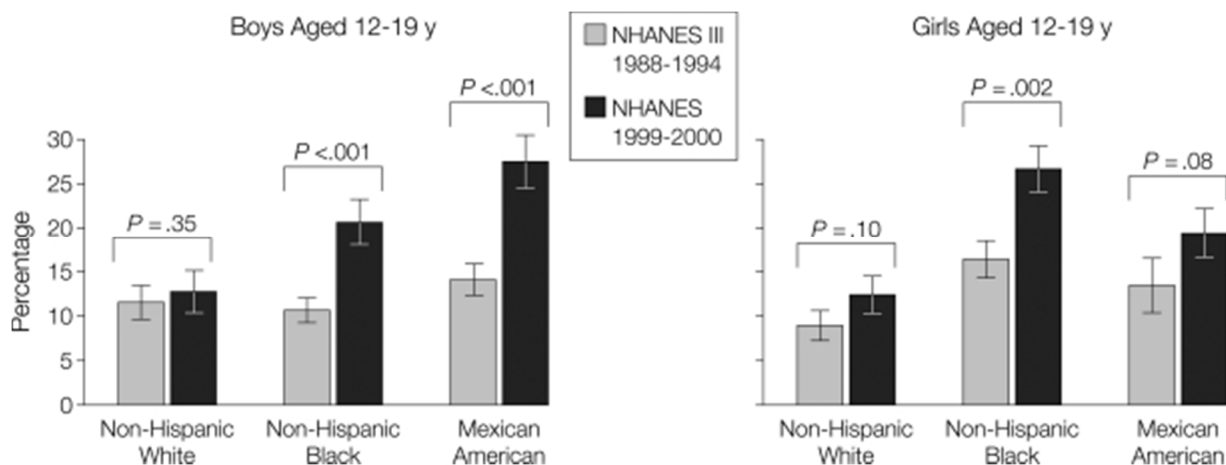
Although the length of time receiving SNAP is a factor, there is a wide range in the average BMI between SNAP participants, SNAP non-participants and people who are ineligible for SNAP. Yet, none of the averages denote obese--although women SNAP participants come close. For women, SNAP participants average BMI 29.46, among SNAP non-participants the average is 27.5, and among ineligible women the average is 25.15. Each of these averages is considered "overweight," but a BMI of 30 or more is required to denote obesity. Among men the results are similar--SNAP participants average a BMI of 27.53, non-participants average 27.09, and non-eligible men average 25.64--again, all of which are "overweight," but not "obese" (19). The basis of this nearly two-point discrepancy between male and female SNAP participants is unknown, but it can be assumed that part of this is genetic, and the remainder is environmental factors such as cultural foods, time spent on food stamps, or the "food stamp cycle."

The final connection between SNAP and obesity is what is often referred to as the "food stamp cycle," which is a form of binge eating that stems from how SNAP benefits are set up, and it is the most scientifically valid factor. Because SNAP money is received at the start of each month, food is abundant for the first few days or weeks and is scarce by the end of the month, leading to hunger among recipients. In fact, 90% of a families SNAP benefits have been redeemed by the third week of the month and many recipients then turn to food banks and donations to make it

until the next month's money comes in (13). Then, when the next month's money comes in, the abundance occurs again and the binge eating occurs to make up for the hunger that occurred in the last week or two. This influx of bingeing and starving causes the body to reserve energy in a way that fat is stored quickly, ultimately raising one's BMI. The solution to this aspect is as simple as receiving benefits bi-weekly or weekly could eliminate this problem.

### **Cultural Influences--KR**

Although childhood obesity is continually increasing in all ethnic and racial groups, it is more prevalent in non-white populations. The prevalence of childhood obesity among three minorities: African Americans, Mexican Americans, and Native Americans, exceeds that of other ethnic groups. The Centers for Disease Control reported that in 2000 the prevalence of obesity was 19% among African American children and 20% among Hispanic American children, compared with 11% of white children. The substantial increase since 1980 is particularly evident among non-Hispanic black and Mexican American adolescents (21).



*Comparison of Obesity Percentages by Race and Gender in Adolescents (22)*

As people immigrate to the United States they experience pressure to assimilate and Americanize. This begins with acculturation, or blending native customs with newfound adopted ones. This transition is long-term, and often spans generations. Since many SNAP participants are immigrants, understanding purchasing patterns is vital to grasping the extent of consumer choices and their role in the obesity epidemic. This is why transparency is necessary within the SNAP transaction processes; awareness of consumer choices, especially those influenced by ethnic tradition, will lead us to a more holistic picture of the obesity epidemic, thus facilitating its remediation.

### **What is currently being done about cultural influences?--KR**

Impressively little is currently being done to deal with cultural traditions that influence SNAP usage. A plethora of information is available online in regards of how to live a healthier lifestyle in general, but this is mainly simplified into the mantra “move more, eat less” and does not provide any culturally-specific solutions to address the obesity epidemic. By promoting transparency within SNAP, we will have a more complete image of consumer choices by demographic. Although this may be controversial due to privacy issues, it is one step in focusing on which products are bought and their frequency of purchase. Mediating the food choices

available for purchase with SNAP by excluding more processed foods, limiting sugar-laden calories, and directing consumers towards healthier options will drastically change buying habits across all cultures participating in SNAP without compromising basic staples and ingredients used for traditional recipes that are so important in preserving culture.

### **What is the USDA hiding and why aren't they doing anything? --AR**

Upon an extensive search for data about how SNAP funds are actually spent, there was no information available on the subject. With further digging, it was discovered that the USDA has the data regarding how much of SNAP benefits are used on certain food items, but instead of making the figures public they actively fight attempts to do so. The USDA knows that making the information public will enrage the American people, drawing unwanted attention to their questionable methods. The American people have the right to know what their tax dollars are being used for, and if they knew that their money was being used to buy candy, soda, and cookies, rather than healthy meals, for low-income families, they would be outraged. Because SNAP is funded with taxpayer dollars, it should be more transparent in every aspect: what the funds are used to buy, where the funds are spent, etc. The increased clarity would make the program more a more respectable and reputable government program.

Additionally, as mentioned earlier, in 2008 WIC updated their list of eligible food items to limit how much “junk food” could be bought with WIC benefits. If WIC can change what their money is used for, it stands to reason that SNAP could follow suit--which could help reduce the prominence of obesity among SNAP participants. However, the USDA refuses to restrict what SNAP funds are used for because they claim that restricting SNAP food eligibility will not have any effects on health choices and would cause challenges and increased costs for the program (23).

It is true that removing candy, soda, and cookies from the eligible food items list may not change the fact that SNAP participants will buy the items. However, it will make them buy the items with their own money, rather than the government's/taxpayer's. If the participants have to pay for these items with the income that SNAP is meant to supplement, the increased non-SNAP food costs might be just enough to discourage them from buying the junk food items to begin with. This change also will mean that the participants have (in theory) more money to spend each month on SNAP eligible foods.

Another reason the USDA lists for not changing the eligible-foods list is that it can be difficult to make a distinction between which food items are healthy and which are not (23). The USDA takes this point even further, and questions whether or not certain food ingredients can be classified as healthy or not (23). In theory, this defense makes sense, but in practice it has a great deal of loopholes. It is fairly obvious, and can be considered common knowledge, that certain food items are healthy and others are not. For example, soda and potato chips are not healthy, whereas vegetable and milk are. The lines can be blurred on items such as sugary cereals and juices, but the obviously unhealthy foods should be removed from the eligibility list--period.

The most obvious reason the USDA refuses to remove junk food items off the eligibility list is the cost they claim would be required to do so. They claim that in order to remove junk food items from the list, a comprehensive list about the nutritional value (or lack thereof) of every food on the market would have to be made--which is impossible in a market where the players



are constantly changing and new products are invented every day. A large list naming exactly which items right down to the brand is and is not eligible is ideal, but it is also extremely unrealistic. However, a more generic, broadly categorized list could easily be within reach with a minimal amount of effort and money from the government. The USDA also lists increased complexity as a major reason for leaving the program as is. Complexity would supposedly increase in two ways: placing the “burden” of enforcing compliance on supermarket employees and making the process more complicated and embarrassing for recipients (23). Both of these points that the USDA hides behind are invalid. While it is true that determining compliance is in the hands of the employees in small stores where there are no computers to do it for them, removing obvious junk foods would not make their job any more difficult. These employees already determine what is and is not eligible on a daily business and adding cookies, candy, and soda to the ineligible list would not produce any significant added stress. The increased complexity for recipients is also invalid for the same reasons--adding junk food to the ineligible list is such a simple change. Removing some five items (cookies, candy, soda, ice cream, and bakery goods) from the SNAP eligible list would be a small, change, yet the USDA continues to refuse the adjustment.

The USDA continues to produce mediocre reasons for updating the eligibility list, using them a smokescreen for their incompetency. SNAP needs to make its process more transparent and can do so by publishing their data regarding the items purchased with benefits. These small, inexpensive changes to eligibility and SNAP processes would make the program healthier for participants and more credible in the eyes of the American people.

## **Part 2: Service Project**

### **New ideas to slow the spread of obesity--AR and KR**

Improving the structure of the Supplemental Nutrition Assistance Program is vital to promoting healthier consumer choices and facilitating access to healthier foods to those in lower socioeconomic brackets who rely on these benefits. We suggest restructuring SNAP in several facets of its design. First, the array of foods available to be purchased with SNAP benefits should be amended much in the way that WIC was. If WIC can revise its program to eliminate the inclusion of unhealthy, processed, and sugar-laden food items, then it is unclear as to why SNAP should not follow suit. SNAP should remove products like candy, cookies, bakery goods, and soda from its eligible items list. Narrower restrictions means that participants will have to use their benefits on healthier items and purchase refined foods with alternate funds, increasing the amount SNAP funding spent on higher quality foods.

The benefits cycle of SNAP is also problematic: participants receiving money one time each month encourages binge buying and eating. Paying SNAP participants twice a month to reduce the prominence of the “food stamp cycle” would enable them to better plan their grocery shopping, as well as develop a steadier routine of buying groceries. This continuity allows participants to increase their intake of fresh foods because they become a more feasible choice when SNAP recipients have the funds to buy fresh foods, rather than buying frozen items to last until the next payment is received.

Educating SNAP participants about the danger of buying large quantities of pasta, potatoes, and

carbohydrates is another method of improving SNAP. Increasing public outreach by teaching children of all ages about proper nutrition at younger ages and speaking to parents about ways their families can eat healthier can help combat the issue that high-starch foods present. SNAP participants, in particular, should be educated about the possible effects that these unhealthy food purchases can have on their families' health. Ultimately, it will be up to the participants to take the advice given to them or not, but having the information available will undoubtedly make an impact on some people's choices when they go food shopping.

For our service project we intend to write a letter about our findings to the First Lady, Michelle Obama, who is a prominent figure in the fight against childhood obesity. We hope that her acknowledgement and influence will make the problems with SNAP's structure a more publicly recognized issue, and place the program on a road to renovation and restructuring. In addition to sending our findings to Michelle Obama, we also will be filing a claim with the USDA Food and Nutrition Services to release the information about what exactly SNAP is used to buy, citing the Freedom of Information Act as our basis for requesting the information.

*Letter to Michelle Obama:*

Mrs. Michelle Obama  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

22<sup>nd</sup> April 2014

Dear Mrs. Obama,

We, as students at Rutgers University, with our Professor Dr. Julie Fagan, are studying childhood obesity and would like to ask for your help. As strange as it may seem, we believe that the government's food stamp program is responsible, in part, for the obesity epidemic in the US. Subjective evidence points to a relationship between childhood obesity and families receiving SNAP benefits perhaps having to do with the purchase of "empty calorie non-foods" SNAP recipients are more likely to be overweight or obese than those not receiving federal assistance. This may be due to the tendency for SNAP recipients to purchase low cost, high calorie and processed foods that lack nutritional value (like soda, candy, snacks). However, there appears to be no available data on what food items are being purchased through the nationwide food benefits program. Given that taxpayers are funding this \$80 billion dollar food assistance program, you would think that information would be available on what people are purchasing. But no. Could it be that the SNAP food purchase data hasn't been thoroughly analyzed? We were unable to find any literature on this. Governing federal rules actually prevent specific food purchasing data to be released to the public or even the USDA. Perhaps if we analyzed the data on what SNAP beneficiaries were buying (and eating), we would then have justification for altering what foods are allowed for purchase. SNAP could benefit from

modeling itself after the recently amended WIC program, whereby certain unhealthy foods were restricted and eliminated.

Although we have sent a request to acquire the SNAP food purchase data to the FNS under the Freedom of Information Act, we have little hope that such information will be made available to us. As you are the commander and chief on the childhood obesity campaign, we thought you would be the right person to get the US on the right track. It is only right that the government should analyze (and be more transparent with) the programs they fund and assess the outcomes – which in this case is obesity! We would appreciate your efforts toward this end.

We have included a link to our video <http://youtu.be/WFiRrp1f-Bg> (an accompanying paper will soon be googleable on RUcore) concerning the relationship between childhood obesity and SNAP for your viewing.

Respectfully Yours,

Kaitlyn Rafferty, Amanda Richards, Emeka Anene, and Julie M. Fagan, Ph.D.

*Letter of request to the FNS under the FOIA:*

**Letter to the FOIA:**

Ms. Jennifer Weatherly  
Agency FOIA Officer  
Room 302  
3101 Park Center Drive  
Alexandria, VA 22302

22 April 2014

Dear Ms. Weatherly,

This is a request under the Freedom of Information Act.

We are requesting the data (or reports on analysis of the data) on food items that have been purchased with Supplemental Nutrition Assistance Program (SNAP) benefits. If the food purchase data has not been analyzed, we would like the opportunity of analyzing that data and would need to know more about the format and size of the data file.

Please respond to our professor, Dr. Julie Fagan (email: <redacted>).

Sincerely,

Amanda Richards, Katelyn Rafferty, Emeka Anene, and Julie M. Fagan, Ph.D.  
School of Environmental and Biological Sciences  
Rutgers, The State University of New Jersey  
84 Lipman Drive  
New Brunswick, NJ 08903

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## Letters to the Editor

### AR 4/2:

Sent to Mike Brossart, Opinion Editor at the *Inland Valley Daily Bulletin*  
[mike.brossart@inlandnewspapers.com](mailto:mike.brossart@inlandnewspapers.com)

#### **Childhood Obesity and SNAP: What Doesn't the Public Know?**

More than 47 million Americans participate in SNAP (Supplemental Nutrition Assistance Program,) formerly known as the Food Stamp Program, and receive approximately \$130 per person each month in benefits, totaling more than \$70 billion in taxpayer money. However, studies have shown that SNAP participants are more likely than the average population to be overweight or obese. SNAP participants ingest 200 extra calories each day and nearly 50% more servings of sugar-sweetened beverages per day than non-participants.

What Americans don't know is that items like cookies, soda, and candy can be purchased with SNAP. Furthermore, the USDA is not allowed to disclose the amount of SNAP benefits that is used to buy these unhealthy foods. Americans have no way of knowing what their tax dollars are actually being used for, although they can be sure that they are funding unhealthy habits.

Removing so-called "food items" from the eligible foods list would lower obesity rates among low income children, preventing many of them from remaining obese into adulthood. By taking these items off the eligibility list, we can ensure healthier lives and futures for America's children.

Amanda Richards  
*Rutgers University, Class of 2015*

### KR 4/1

This letter was sent to Mr. Paul Grzella, Editor-In-Chief of the *Courier News*  
[cnletters@mycentraljersey.com](mailto:cnletters@mycentraljersey.com)

#### **Looking at our Obesity Problem: Food Stamps and Childhood Obesity**

The recent publication of the article *Robert Wood Johnson University Hospital, Somerset Medical Center partnership to offer better access to care* on March 30<sup>th</sup> reflects a growing need for accessible healthcare. In central New Jersey, as well as many other locations in the US, increasing demand for accessible healthcare is partly due to physical effects of preventable diseases, such as Type II diabetes. As RWJ and Somerset Medical Center work on developing ways to improve their diabetes outreach initiatives in the Latino community, it is important to consider that many New Jersey residents rely on food assistance programs such as the Supplemental Nutrition Assistance Program (SNAP). According to research done by the RWJ Foundation, here in New Brunswick children are more likely to be overweight or obese compared to their national counterparts (48% rate in New Brunswick versus 21% national rate). An interesting detail is that while WIC has amended their list of eligible food items to exclude

most foods we would consider to be unhealthy, SNAP has not followed suit and allows participants to buy a wide variety of processed, high-sugar foods. If we are to improve the health status of our citizens, especially children, then encouraging the revision of SNAP to promote better food choices seems like a good place to start.

Kaitlyn Rafferty  
*New Brunswick, NJ*

**EA 4/8:**

This letter was sent to the Editor-in-Chief of the *Washington Post*:  
[letters@washpost.com](mailto:letters@washpost.com)

As recently as April 2013, the number enrolled in SNAP (Supplemental Nutrition Assistance Program) grew to an astounding 47.5 million participants. SNAP recipients are more likely to be overweight or obese than those not receiving federal assistance. This may be due to the tendency for SNAP recipients to purchase low cost, high calorie and processed foods that lack nutritional value (like soda, candy, snacks). However, there appears to be no available data on what food items are being purchased through the nationwide food benefits program. Given that taxpayers are funding this \$80 billion dollar food assistance program, you would think that information would be available on what people are purchasing. But no. Governing federal rules prevent specific food purchasing data to be released to the public or even the USDA. We have a problem with this...

**Emeka Anene**  
**Graduating senior at Rutgers University**

**Julie M. Fagan, Ph.D.**  
**Associate Professor,**  
**Rutgers University**