



Statement before the House Appropriations Subcommittee on Agriculture, Rural Development,
Food and Drug Administration

Nutrition Standards in SNAP

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Chairman Harris, Ranking Member Bishop, and members of the Subcommittee on Agriculture Appropriations. Thank you for the opportunity to testify on the important issue of supporting nutrition within Department of Agriculture programs. My name is Angela Rachidi and I am a Senior Fellow in poverty and opportunity studies at the American Enterprise Institute (AEI), where I have spent the past several years researching policies aimed at reducing poverty and increasing upward mobility for low-income families. Before I joined AEI, I was a Deputy Commissioner for the New York City Department of Social Services for more than a decade, where I oversaw the agency's policy research. We administered the Supplemental Nutrition Assistance Program (SNAP), providing benefits to almost 2 million New Yorkers each month.

I want to focus my testimony on specific ways that SNAP can better meet Congress's charge of improving nutrition among low-income households. I have studied this issue for more than a decade, and one of the most consistent findings from the literature is that poor diet has contributed to an explosion in obesity and diet-related disease among all Americans, but people from low-income households in particular. These health issues make it more challenging for poor families to thrive because it limits their employment opportunities and excludes them from the social benefits of work. Simply stated, poor health places a tremendous social and emotional strain on low-income families.

When SNAP expanded in the 1960s and 1970s – then called the Food Stamp Program – the crucial problem facing low-income households was hunger and malnutrition.¹ We face a much different environment today. Since the 1970 Food Stamp Act passed under President Nixon, SNAP has grown into one of the nation's largest safety-net programs. In the year 2000, 7.5 percent of the population received SNAP; in 2023, 12.5 percent of the population received

¹ See the USDA's short history on SNAP, <https://www.fns.usda.gov/snap/short-history-snap#:~:text=Among%20the%20official%20purposes%20of.enact%20the%20regulations%20into%20law.>

it.² SNAP expenditures have more than tripled in inflation-adjusted dollars since 2000, with total benefits exceeding \$107 billion last year compared to roughly \$30 billion in 2000.

In some sense, the growth of the program has led to impressive results. SNAP, along with the rest of the safety net, has virtually eliminated hunger in America. Official food insecurity statistics show that very low food security – a condition reflecting reduced food intake due to a lack of resources– has fluctuated between 3 and 5 percent of the population. Moreover, very low food security among children has consistently been below 1 percent.³ Additionally, research finds that food insecure households consume a similar number of calories as food secure households, suggesting that food insecurity does not reflect dramatically different levels of caloric intake.⁴ When it comes to reducing hunger in this country, SNAP has performed well.

However, SNAP is performing relatively poorly on the nutrition front. Obesity and diet-related disease are issues for all Americans; after all, according to the CDC, 42 percent of adults and 20 percent of children suffer from obesity. And if we include those who are overweight—a lower threshold than obesity—nearly three quarters of American adults are either overweight or obese.⁵

But SNAP participants disproportionately suffer from these conditions. According to research I conducted with Thomas O’Rourke at AEI, SNAP recipients are more likely than low-income non-recipients to have a diet-related disease or obesity. For instance, more than one quarter of prime-age, non-disabled adults without dependents who received SNAP reported ever being diagnosed with a diet-related disease, compared to just 11 percent of similar individuals

² The 2000 Census showed the US population was 282.2 million and 2023 estimates show a population of 334.9 million in 2023. The USDA reports that 17 million people received food stamps in 2000 and 42 million people in 2023.

³ See Trends in Food Insecurity Rates from the US Department of Agriculture, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#trends>.

⁴ See Travis Smith and Christian Gregory, *Food Insecurity in the United States: Measurement, Economic Modeling, and Food Assistance Effectiveness*, <https://www.annualreviews.org/content/journals/10.1146/annurev-resource-101422-090409>

⁵ See Centers for Disease Control and Prevention data on obesity and overweight, <https://www.cdc.gov/obesity/data/childhood.html> and <https://www.cdc.gov/obesity/data/adult.html>.

who do not receive SNAP. Moreover, approximately one-third of these SNAP recipients experienced obesity, compared to just one-in-five low-income non-recipients.⁶

If we consider the data on food security together with health data, less than 1 percent of all US children and up to 5 percent of adults experience an occasional disruption in food intake due to a lack of income, but 20 percent of US children and 42 percent of adults suffer from obesity. Stated simply, obesity is a much larger public health problem in this country than hunger. And as we know, obesity and diet-related disease are a direct consequence of poor nutrition.

This brings me to ways in which SNAP can help address this public health crisis. One recent proposal from this subcommittee was to fund pilot programs that assessed the effects of creating nutrition standards in SNAP—which included testing nutrition-based restrictions in SNAP. The proposal included funding to implement a pilot and to conduct a rigorous evaluation to determine whether the policy could improve diet quality and ultimately the health of SNAP participants. Pilots like these are vital for better understanding the effects that our policies have on the health and well-being of the most disadvantaged members of our society.

I want to touch on three quick points related to SNAP restriction pilots. (1) the idea to pilot SNAP restrictions has a long history with support from a wide variety of experts (2) existing evidence suggests SNAP restrictions would effectively reduce consumption of unhealthy items and could improve overall health for SNAP participants, and (3) we need an evidence-based approach to addressing poor health among SNAP participants, and pilots could answer many lingering questions about the effectiveness of restrictions.

Over the years, multiple states – including New York where I worked – requested that the

⁶ <https://www.aei.org/wp-content/uploads/2024/04/Promoting-Mobility-Through-SNAP-Toward-Better-Health-and-Employment-Outcomes.pdf?x85095>

USDA allow them to test SNAP restrictions in efforts to improve health. Although the USDA never approved these pilots, the USDA has now included assessing nutrition-based restrictions in their annual research plan, recognizing the need to answer questions related to whether SNAP can better support nutrition through restrictions. This shows that a notable share of experts, including the federal agency that administers SNAP, support efforts to assess whether SNAP restrictions could improve outcomes for program participants.

To my second point, existing evidence suggests that nutrition-based restrictions can effectively reduce expenditures on and consumption of unhealthy foods. Dr. Lisa Harnack at the University of Minnesota and colleagues conducted a randomized control trial of a restriction program in 2013-2015, which restricted sugary beverages, candies, and sweet baked goods from a SNAP-like program. They found that these restrictions improved participants' diet quality, especially when paired with incentives to purchase fruits and vegetables.⁷

Conversely, researchers have assessed the effects of programs that incentivize participants to purchase healthier diets without imposing restrictions. Assessments of these incentive programs, including the Healthy Incentive Pilot sponsored by the USDA, found that they increased consumption of fruits and vegetables by a small amount, but had no effect on reducing consumption of unhealthy items such as sugary beverages.⁸ Collectively, this research suggests promising results for restrictions, especially when paired with fruit and vegetable incentives.

Many people object to nutrition-based restrictions because they believe that it is not the federal government's role to tell people what they can and cannot eat. And this is certainly

⁷ Lisa Harnack, J. Michael Oakes, PhD; Brian Elbel, PhD; et al "Effects of Subsidies and Prohibitions on Nutrition in a Food Benefit Program: A Randomized Clinical Trial", <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2553293>.

⁸ <https://www.fns.usda.gov/snap/hip/final-evaluation-report>

true—Americans from all backgrounds should be free to consume whatever they want. However, the purpose of SNAP is to provide a *supplementary* benefit to low-income households for *nutrition* assistance. Therefore, pilot-testing nutrition-based restrictions would offer vital evidence to assess whether SNAP can better meet its fundamental goals.

Others oppose nutrition-based restrictions because they fear that it will adversely affect the grocery industry or increase the overall cost of food. The existing evidence does indeed show that nutrition-based restrictions would reduce sales of restricted items, and we do not know how restrictions might affect overall costs. However, it is worth repeating that SNAP is a program designed to improve *nutrition* and promote upward mobility among low-income Americans. Concerns over how it will affect grocers are important, but those concerns must be balanced with the need to utilize taxpayer assistance for its intended purpose, in this case to improve nutrition.

In closing, I want to restate the challenges and opportunities that we are presented with today. Poor diet and related disease is having a profound negative impact on our country. It negatively affects employment, productivity, quality of life, and emotional health. Low-income Americans and SNAP participants in particular suffer disproportionately from these conditions. Using SNAP to improve diet quality is a small part of what should be a broader policy approach, but it remains crucial to an overall strategy aimed at getting all Americans to improve their diets and get healthier.