

Kimberlydawn Wisdom M.D., M.S.
Senior Vice President of Community Health & Equity
Chief Wellness & Diversity Officer
Henry Ford Health System

Testimony to the House Committee on Agriculture
Past, Present, and Future of SNAP: Evaluating Effectiveness
and Outcomes in Nutrition Education

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Good morning Chairman Conaway, Ranking Member Peterson, and Members of the Committee. Thank you for the opportunity to speak today.

My name is Dr. Kimberlydawn Wisdom, and I am the Senior Vice President of Community and Health Equity and Chief Wellness and Diversity Officer at Henry Ford Health System in Detroit, Michigan. I am a board-certified Emergency Medicine Physician, the Chair of the Gail and Lois Warden Endowment on Multicultural Health, and previously served as Michigan's – and the nation's – First State-level Surgeon General. For the last 4 years, I've served on the Advisory Group on Prevention, Health Promotion and Integrative and Public Health, appointed by President Obama, where we advise his cabinet regarding health promotion and prevention health policy. I am on the faculty of the University of Michigan Medical School's Department of Medical Education, adjunct professor in the University of Michigan's School of Public Health, and have focused my work on health disparities and health care equity, infant mortality and maternal and child health, chronic disease, physical activity, unhealthy eating habits, tobacco use and youth leadership development. I also serve on the Board of the Public Health Institute, a global nonprofit headquartered in California, which has been one of the nation's leading implementers of SNAP nutrition education.

HENRY FORD HEALTH SYSTEM

Henry Ford Health System is one of the nation's leading comprehensive, integrated health systems that provides health insurance and health care delivery, including acute, specialty, primary and preventive care services backed by excellence in research and

education. Founded in 1915 by auto pioneer Henry Ford, we are committed to improving the health and well-being of a diverse community and in 2011 we were recognized for our commitment to quality through the receipt of the prestigious Malcolm Baldrige National Quality Award. Henry Ford Health System is proud to implement a Supplemental Nutrition Assistance Program (SNAP) nutrition education program in the City of Detroit and Macomb County that works to improve the long term health and well-being of the SNAP-eligible families.

SNAP AND SNAP-ED VITAL FOR HEALTH

I am very pleased to have an opportunity to talk about the critical importance of SNAP and SNAP Nutrition Education (SNAP-Ed) for good health. As a physician, researcher/educator and public health leader, and as Michigan's former Surgeon General, I can attest that both SNAP and SNAP-Ed are a critical part of our federal arsenal working to confront the twin threats of obesity and hunger that threaten the health and well-being of our nation.

Just as the health of the American people is vital to our economic and national security, good nutrition is fundamental for public health, educational achievement and work productivity. Food security is a fundamental social determinant critical to community resilience. Without question, SNAP is helping low-income families put healthy, nutritious food on the table during times of need.

For over 50 years, SNAP has served as the foundation of our nation's hunger safety net, helping to combat the impact of poverty and subsequent malnutrition. In the 21st century, the face of malnutrition looks very different than the extreme hunger that shocked so many Americans when the Food Stamp program was first established.

Today, SNAP recipients live in neighborhoods and communities where making healthy choices can be challenging, if not impossible, due to the lack of safe, well-equipped and well-maintained places to walk and play, and the absence of nearby full service grocery stores and other health services. Many of these communities are considered '*food*

swamps' due to the inadequate access to supermarkets and reliance on convenience stores, as well as a higher concentration of fast-food outlets limiting food choices to high calorie low nutrient foods.

These factors contribute to the malnutrition that now co-exists with overweight and obesity. Comprehensive literature reviews examining neighborhood disparities in food access have found that neighborhood residents with better access to supermarkets and limited access to convenience stores tend to have healthier diets and a reduced risk for obesity (Larson et al., 2009; Bell et al., 2013). Low income communities and communities of color, including those in households eligible for SNAP, are disproportionately affected by obesity and chronic disease resulting from limited access to the fundamentals of a healthy lifestyle—healthy food and safe places to be active.

The health-related costs attributable to food insecurity nationwide were estimated to be \$160.07 billion in 2014 alone (Cook et al, 2016). At the same time the costs in health care, disability, workers' compensation, and economic losses from lost worker productivity are matched by the personal toll on individuals and their families.

For the first time in U.S. history, reported by the Centers for Disease Control and Prevention, our youngest generation is expected to have a shorter lifespan than their parents — a result of childhood obesity and chronic disease. Obesity is linked to increased risks for many serious and largely preventable diseases, including type 2 diabetes, heart disease, stroke, and some cancers. Nationally, the prevalence of diabetes among adults has nearly tripled over the past 30 years. Research has found that African American and Latino populations are disproportionately affected, with a lifetime risk of more than 50 percent compared to the general population's 40 percent.

While the face of malnutrition today is different than it was, the root causes and solutions remain the same and SNAP continues to be our nation's first line of defense to improve nutrition and well-being among low-income Americans. SNAP benefits provide an essential resource and are a powerful tool to help ensure that very-low-income

Americans can afford a nutritionally adequate diet. Expanding the use of these types of federal nutrition assistance programs and child nutrition programs such as school meals and the Supplemental Nutrition Program for Women, Infants and Children (WIC), is critical to help reduce high rates of food insecurity among the low-income population.

Let me be clear, SNAP participation does not lead individuals and families using the program to make poor choices or be overweight. Far from it. Research clearly shows that United States Department of Agriculture (USDA) federal nutrition programs do not contribute to the current obesity crisis in the U.S. (Fan & Jin, 2015; Gleason et al., 2009; Hofferth & Curtin, 2005; Linz et al., 2004; ver Ploeg, 2009; ver Ploeg et al., 2008). Instead, SNAP participation is associated with better dietary quality among low-income adults who are food insecure (Nguyen et al., 2015). More specifically, compared to similar low-income non-participants, SNAP participants with marginal, low, and very low food security have better overall dietary quality. In fact, by both improving dietary intake and reducing food insecurity, participation in the federal nutrition programs plays a critical role in obesity prevention.

SNAP is effective in its mission to mitigate the effects of poverty on food insecurity and is further enhanced by SNAP-Ed, the nutrition education and obesity prevention arm of SNAP that works to ensure that low-income families will make healthy diet and physical activity choices within a limited budget.

SNAP-Ed is a critical piece of the equation working to improve nutrition and prevent or reduce diet-related disease and obesity among SNAP-eligible households. Throughout the United States, SNAP-Ed programs work to promote healthy behaviors and reach low-income families where they live, learn, work, play and pray. The program helps low-income families understand the importance of healthy choices and empowers parents and their children to make the healthy choice the easily accessible and affordable choice.

SNAP-Ed plays an active role in improving dietary and physical activity practices, while helping to increase community food security, prevent obesity and reduce the risk of chronic disease for low-income Americans. A study conducted in California in 2012 found that the greatest concentration of SNAP-Ed interventions was associated with adults and children eating more fruits and vegetables, and adults eating fast food less frequently. These findings demonstrate the potential impact of such interventions and how SNAP-Ed plays an important role in addressing both chronic disease and the obesity epidemic in the United States (Molitor et al, 2015).

SNAP-Ed: GENERATION WITH PROMISE

Henry Ford Health System's SNAP-Ed Program, funded through a grant from the Michigan Fitness Foundation, is called Generation with Promise (GWP) and is one example of 49 effective programs throughout the state of Michigan that are changing the culture of food and health. Now in its ninth year, GWP reaches youth and families in Detroit and Macomb County and provides nutrition education, physical activity promotion and youth leadership in elementary, middle, and high schools, alongside proven public health approaches that increase healthy behaviors. GWP also works with community and faith-based organizations, promoting healthy eating through cooking demonstrations and nutrition education.

Today, GWP serves 37,360 youth and adults in 2015, at schools, community organizations and faith-based sites with nearly 115,000 contacts. Due to GWP, 89.9% of adults reported an increase in their consumption of fruits or vegetables and 81.4% of youth reported an increase in their consumption of fruits or vegetables. All aspects of our program are evaluated to measure impact and outcomes. Overall, in 2014 and 2015, Michigan SNAP-Ed programs funded through the Michigan Fitness Foundation, including GWP, have shown an annual increase in fruit and vegetable consumption of 170,000 to 200,000 cups per day statewide, a health and economic driver!

We are proud of the breadth of interventions within our programs, from cooking classes taught by a chef and dietitian or nutrition educator classes that include a grocery store

tour, to interventions that teach menu and meal planning and how to stretch food dollars on a low-income budget. Participants willingly learn about healthy and delicious food that is not expensive or difficult to make. The number one most common comment we hear at the end of the class series is that participants wish the class was longer!

Leveraging other funds and demonstrating the value of a true community partnership, Henry Ford Health System is also able to provide groceries to participants so that they replicate the recipes at home. Nearly all participants report that they made the recipe at home during the week. Participants have followed up with our team to share their great news including losing 50 pounds and keeping it off for six months after the program, cooking dinner with their middle-school aged children, and enrolling in classes related to culinary arts, dietetics or health.

SNAP-Ed is also making connections to healthy food systems and other resources in communities including gardening, cooking classes and farmers' markets. For example, GWP provided 60 recipe demonstrations, tastings, and nutrition education at ten Detroit Community Markets and other farmers' markets in low-income neighborhoods. Nearly all attendees said they were inspired to prepare new recipes. GWP has provided SNAP-Ed in grocery stores in partnership with Michigan Fitness Foundation and the Michigan Department of Health and Human Services, and with Double Up Food Bucks and the Fair Food Network using Michigan Harvest of the Month educational strategies and materials.

Through these community partnerships with local organizations, SNAP recipients can shop at the local farmers' markets and some grocery stores and receive twice as much of locally grown produce at an affordable price. This partnership also benefits local farmers, strengthening the local economy and providing farmers with new revenue streams and increased sales of specialty crops. SNAP-Ed is helping low-income families learn the importance and value agriculture and the sources of their food.

I cannot underscore enough the way in which SNAP-Ed is a versatile tool that can respond to the nutrition and health needs of low-income families in our state. Last October, as news of the public health water crisis in Flint emerged, the Michigan Fitness Foundation and SNAP-Ed partners were able to react quickly to adjust and augment their nutrition education focus to highlight foods and food safety practices that were lead protecting. Over the past months, Michigan Fitness Foundation and SNAP-Ed have been essential in continuing to connect increasing numbers of partners and programs to reach underserved neighborhoods and residents to support a foundation on which to build the Flint of the future.

PRIORITY RECOMMENDATIONS:

Improvements can be made and I would suggest the following recommendations to further strengthen and maximize the health and nutritional impact of SNAP and SNAP-Ed.

1. To better combat food insecurity and childhood hunger, income eligibility criteria should not exclude children whose families happen to live in high-cost states. USDA should index income criteria for food assistance program eligibility to local or regional cost of living, such as the Cost of Living Index or other recognized measure, rather than the nationally-applied Federal Poverty Level (FPL).
2. The Thrifty Food Plan, used as the fiscal base for SNAP, should be modified to increase the benefit value and accommodate the generally-higher prices of healthy food and regional variability in cost of living.
3. Remove restrictions that prevent retailers from offering Electronic Benefit Transfer (EBT) point of sale-and promotional prices for healthy foods such as fruits and vegetables, whole grains etc.
4. SNAP-Ed should be utilized to provide technical assistance and training to convenience store business owners and smaller retailers, combined with common

sense stocking standards for SNAP that increase the availability of fresh foods in all four food categories. This would have the benefit of increasing the availability, accessibility and possibly lower the price of healthy food in many low-income communities. SNAP-Ed implementing agencies can be encouraged to work with the private sector and community partners to help small businesses and convenience stores identify and establish procurement systems that increase healthy food options for their customers.

5. Initiatives such as Double Up Food Bucks and Michigan Farm to Family in Michigan, Market Match in California, and other Food Insecurity Nutrition Incentive (FINI) grants across the county should be leveraged and replicated to increase healthy food purchasing by SNAP-eligible families and encourage the participation at more local and chain grocery stores.

6. Congress and USDA should provide startup grants and establish a public/private innovation fund that would support technical assistance networks that help states and localities implement, adapt and take to scale evidence based nutrition education interventions and strategies throughout the country. Topics and activities that could be part of such technical assistance networks could include: community food system assessments, Electronic Benefits Transfer (EBT) at farmers' markets, corner store conversion projects, community-supported agriculture, farm-to-fork sourcing, state or local food policy councils, agricultural preservation, small farm and new farmer programs, and community/school gardens. This low-cost network might be established using public and private grants or cooperative agreements with non-profit public health, anti-hunger and food security organizations; the existing Cooperative Extension system; FNS programs; partnerships with other sectors like foundations, non-profit health plans, insurers and hospitals; and sister federal agencies like the Centers for Disease Control and Prevention (CDC), Department of Transportation, Department of Education, and Housing and Urban Development.

In closing, I want to underscore that both SNAP and SNAP-Ed are key in our fight to address the epidemic of obesity and overweight in children and adults that leads to largely preventable chronic diseases. These programs are critical in the effort to eliminate hunger and malnutrition, particularly in children, and can help improve overall ill health that perpetuates the cycle of poverty.

Across our country SNAP families are striving, working hard to make ends meet and put healthy food on the table, often in very challenging circumstances. These families are the solution finders. Many are the families of those serving in our armed forces here at home and overseas. With limited resources, SNAP-Ed is empowering these families with the tools necessary to make a healthy choice. SNAP-Ed is a small program but it has an impact and influence well beyond its size.

I welcome the opportunity to work with Congress and USDA to identify measures that can identify and remove obstacles limiting the reach, impact and effectiveness of the federal nutrition programs, including SNAP-Ed, and to create sustainable healthy change in underserved communities.

Thank you for your time and consideration of my recommendations. I am happy to answer any questions.

REFERENCES

- J Cook and A.P. Poblacion (2016) "Estimating the Health Related Costs of Food Insecurity." 2016 Hunger Report. www.hungerreport.org
- M. Fan and Y.H. Jin (2015). "Supplemental Nutrition Assistance Program and Childhood Obesity in the U.S.: Evidence from the National Longitudinal Survey of Youth 1997." *American Journal of Health Economics*
- Hofferth, Sandra L., and Sally Curtin. "Poverty, food programs, and childhood obesity." *Journal of Policy Analysis and Management* 24.4 (2005): 703-726.
- Gleason, Philip. *School meal program participation and its association with dietary patterns and childhood obesity*. No. 55. DIANE Publishing, 2010.
- Leung, Cindy W., et al. "Dietary intake and dietary quality of low-income adults in the Supplemental Nutrition Assistance Program." *The American journal of clinical nutrition* (2012): ajcn-040014.
- Molitor, Fred, et al. "Peer Reviewed: Reach of Supplemental Nutrition Assistance Program–Education (SNAP–Ed) Interventions and Nutrition and Physical Activity-Related Outcomes, California, 2011–2012." *Preventing chronic disease* 12 (2015).
- Ver Ploeg, Michele L., and Katherine L. Ralston. "Food Stamps and obesity: What do we know?." *Economic Information Bulletin* 34 (2008).
- Ver Ploeg, Michele, et al. "US Food assistance programs and trends in children's weight." *International Journal of Pediatric Obesity* 3.1 (2008): 22-30.
- Gregory, Christian, et al. "Supplemental Nutrition Assistance Program (SNAP) participation leads to modest changes in diet quality." *Economic Research Report* 147 (2013).
- Nguyen, Binh T., et al. "The Supplemental Nutrition Assistance Program, food insecurity, dietary quality, and obesity among US adults." *American journal of public health* 105.7 (2015): 1453-1459.