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June 17, 2020

Moira Johnston
Office of Employment and Training
Food and Nutrition Service
U.S. Department of Agriculture
1320 Braddock Place
Alexandria, Virginia 22314

RE: Proposed Rule: Employment and Training Opportunities in the Supplemental Nutrition Assistance Program RIN 0584-AE68

Dear Ms. Johnston:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit comments to the Office of Employment and Training for the Food and Nutrition Service Division of the U.S. Department of Agriculture related to its proposed rule, “*Employment and Training Opportunities in the Supplemental Nutrition Assistance Program*” (RIN 0584-AE68) published in the Federal Register originally on March 17, 2020. Representing over 107,000 registered dietitian nutritionists (RDNs);¹ nutrition and dietetic technicians, registered (NDTRs); and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the United States and is committed to improving the nation’s health through food and nutrition.

The Academy supports this proposed SNAP Employment and Training rule which implements provisions of the 2018 Farm Bill intended to help participants search for and maintain jobs.

A. Academy Position on Food Insecurity

The Academy is committed to improving the health of Americans by ensuring access to a nourishing, safe and affordable food supply. The dietetics practitioner and nutrition educators consider the health, safety and welfare of the public at all times. The Academy’s guiding principle is our commitment to improving health for all, especially those most susceptible to food insecurity. It is the position of the Academy that systematic and sustained action is needed to achieve food and nutrition security in the United States. To achieve food security, effective interventions are needed, along with adequate funding for, and increased utilization of: food and nutrition assistance programs; inclusion of nutrition education in

¹The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

such programs; strategies to support individual and household economic stability; and research to measure impact on food insecurity- and health related outcomes.²

The Academy is particularly concerned about the disproportionate impact the COVID-19 pandemic has had on communities of color. The Centers for Disease Control and Prevention have reported that people from racial and ethnic minority groups are being hospitalized and dying from COVID-19 at much higher rates than white people. These same communities already were far more likely to experience food insecurity. Add rising unemployment and widespread uncertainties about the future, and the pandemic has only made the situation worse. This proposed rule will help support individual and household economic stability by supporting participants' employment and training opportunities at a time where unemployment rates are at record highs.

B. SNAP Reduces Food Insecurity and Improves Health Outcomes

SNAP is an effective and efficient program, and given the improved health and reduced health care costs associated with reductions in food insecurity, the Academy encourages initiatives that ensure more eligible people are connected to and are benefitted by the program, which includes meeting work requirements. Food insecurity significantly impacts the health and well-being of individuals and is a risk factor for negative psychological and health outcomes.³ Food insecurity also increases the prevalence and severity of diet-related disease, such as obesity, type 2 diabetes, heart disease, stroke and some cancers.^{4,5,6}

Additionally, because of limited financial resources, those with food insecurity may use coping strategies to stretch budgets in a manner harmful for health, such as engaging in cost-related medication underuse or non-adherence,^{7,8,9} postponing or forgoing preventive services or needed medical interventions.

² Holben, D. (2010). Position of the American Dietetic Association: Food Insecurity in the United States. *Journal of the American Dietetic Association*. 110(9), 1368-1377.

³ Hartline-Grafton, H. (2017). *The Impact of Poverty, Food Insecurity, & Poor Nutrition on Health and Well-Being*. Washington, DC: Food Research & Action Center.

⁴ Franklin B. Jones, A., Love, D., Puckett, S., Macklin, J., & White-Means, S. (2012). Exploring mediators of food insecurity and obesity: a review of recent literature. *Journal of Community Health*. 37(1), 253-264.

⁵ Berkowitz, S., A., Karter, A., J., Corbie-Smith, G., Seligman, H. K., Ackroyd, S. A., Barnard, L. S., Atlas, S. J., & Wexler, D. J. (2018). Food insecurity, food "deserts," and glycemic control in patients with diabetes: a longitudinal analysis. *Diabetes Care*, 19, 171981.

⁶ Gregory, C., A., & Coleman-Jensen, A. (2017). Food insecurity, chronic disease and health among working-age adults. *Economic Research Report*, 235. Washington, DC: U.S. Department of Agriculture, Economic Research Service.

⁷ Herman, D., Afulani, P., Coleman-Jensen, A., & Harrison, G. G. (2015). Food insecurity and cost-related medication underuse among nonelderly adults in a nationally representative sample: *American Journal of Public Health*, 105(10), 48-59.

⁸ Afulani, P., Herman, D., Coleman-Jensen, A., & Harrison G. G. (2015). Food insecurity and health outcomes among older adults: The role of cost-related medication underuse. *Journal of Nutrition in Gerontology and Geriatrics*, 34(3), 319-343.

⁹ Knight, C. K., Probst, J. C., Liese, A., D., Sercy, E., & Jones, S.J. (2016). Household food insecurity and medication "scrimping" among US adults with diabetes. *Public Health Nutrition*, 19(6), 1103-1111.

Overall, research shows that SNAP is effective at reducing food insecurity.^{10,11,12} According to one estimate, SNAP reduces food insecurity by approximately 30 percent¹³ and before the pandemic nearly 37 million people experience food insecurity during the year.¹⁴ This number is expected to grow by 17 million in the wake of COVID19.¹⁵

Research demonstrates that SNAP reduces health care utilization and costs.^{16,17,18} For example, a national study reveals that SNAP participation is associated with lower health care costs.¹⁹ On average, low-income adults participating in SNAP incurred health care costs nearly 25 percent lower over 12 months, including those paid by private or public insurance, than similarly situated adults not participating in SNAP.

SNAP improves child, adult and senior health outcomes, including physical and mental health.²⁰ It increases the probability of self-reporting “excellent” or “good health,”²¹ lowers the risk of poor glucose control for people with diabetes²² and has a protective effect on mental health.²³ SNAP also helps reduce stress for struggling individuals and families

¹⁰ Mabli, J., & Worthington, J. (2014). Supplemental Nutrition Assistance Program participation and child food security. *Pediatrics*, 133(4), 1-10.

¹¹ Ratcliffe, C., McKernan, S. M., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.

¹² Nord, M. (2012). How much does the Supplemental Nutrition Assistance Program alleviate food insecurity? Evidence from recent programme leavers. *Public Health Nutrition*, 15(5), 811-817.

¹³ Ratcliffe, C., McKernan, S. M., & Zhang, S. (2011). How much does the Supplemental Nutrition Assistance Program reduce food insecurity? *American Journal of Agricultural Economics*, 93(4), 1082-1098.

¹⁴ Coleman-Jensen, A., Rabbit, M. P., Gregory, C. A. & Singh, A. (2018). Household food insecurity in the United States in 2017. Economic Research Service Report, 256, Washington, DC: U.S. Department of Agriculture, Economic Research Service.

¹⁵ Feeding America. The Impact of the Coronavirus on Local Food Insecurity.

https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local%20Impact_5.19.2020.pdf. Accessed on June 15, 2020.

¹⁶ Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.

¹⁷ Berkowitz, S. A., Seligman, H. K., Rigdon, J., Meigs, J. B., & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. *JAMA Internal Medicine*, 177(11), 1642-1649.

¹⁸ Seligman, H. K., Bolger, A. F., Guzman, D., Lopez, A., & Bibbins-Domingo, K. (2014). Exhaustion of food budgets at month's end and hospital admissions for hyperglycemia. *Health Affairs*, 33(1), 116-123.

¹⁹ Berkowitz, S. A., Seligman, H. K., Rigdon, J., Meigs, J. B., & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) participation and health care expenditures among low-income adults. *JAMA Internal Medicine*, 177(11), 1642-1649.

²⁰ Hartline-Grafton, H. (2017). *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*. Washington, DC: Food Research & Action Center.

²¹ Gregory, C. A., & Deb, P. (2015). Does SNAP improve your health? *Food Policy*, 50, 11-19.

²² Mayer, V. L., McDonough, K., Seligman, H., Mitra, N., & Long, J. A. (2016). Food insecurity, coping strategies and glucose control in low-income patients with diabetes. *Public Health Nutrition*, 19(6), 1103-1111.

²³ Leung, C. W., Epel, E. S., Willett, W. C., Rimm, E. B., & Laraia, B. A. (2015). Household food insecurity is positively associated with depression among low-income Supplemental Nutrition Assistance Program participants and income-eligible nonparticipants. *Journal of Nutrition*, 145(3), 622-627.

worried about finances, which is significant given the high correlation of stress with poor health outcomes.²⁴

C. The Academy Supports Evidence-based Programs to Encourage Work

The Academy supports efforts to help low-income individuals develop the skills necessary to acquire steady, reliable work and recognizes that promotion of work is an integral piece of the puzzle to address food insecurity. The Academy applauds the following proposed changes that make several improvements for individuals participating in the Employment and Training Program, including:

- Improving the work registration process by requiring states to inform individuals of their work-related requirements (7 CFR 273.7(c)(1))
- Clarifying that “good cause” applies when there is not an appropriate work activity for a mandatory E&T participant, thus ensuring, if implemented correctly, that individuals not lose SNAP due to the lack of an opportunity to comply with E&T (7 CFR 273.7(c)(11)(iii))
- Clarifying that a state agency must determine whether an individual who failed to meet the 20 hour work or training requirement had “good cause” and, if so, must be considered to have fulfilled the requirement (7 CFR 273.24(b)(2))
 - This helps ensure that individuals are not terminated from SNAP when they are unable to meet the work requirement through no fault of their own. This is particularly important in the wake of the pandemic and unprecedented high rates of unemployment.
- Implementing a 2018 Farm Bill provision to require a state to reassess and, if appropriate, rerefer an individual when an E&T provider determines the individual is ill-suited for the program (7 CFR 273.7(c)(18))

The Academy also supports the proposed changes that can improve state agency operation of the Employment and Training Program. This includes provisions that:

- Require states to report the number of individuals who must participate in E&T and the number that begin to participate. This will generate useful information on the take-up rate of E&T activities and insight on the number of individuals who fail to participate and are thus likely sanctioned. High non-participation rates will indicate increased challenges among those losing SNAP as well help identify poorly designed or implemented programs that do not work.
- Replace “job search” with “supervised job search,” which must be offered in state-approved locations with supervision. This may have a significant impact on many state programs that have relied on unsupervised or self-initiated job search as a primary activity. The proposed rule does not include a lot of detail about what “supervised” means, so states would have some discretion to comply.

²⁴ Juster, R-P., McEwen, B. S., & Lupien, S. J. (2010). Allostatic load biomarkers of chronic stress and impact on health and cognition. *Neuroscience and Biobehavioral Reviews*, 35(1), 2-16.

- Require the state E&T program to provide case management services to all participants. It also requires a case manager to inform the agency of any individual who should be exempt from mandatory E&T or for whom the manager can't identify an appropriate E&T activity. This will help provide necessary support to navigate the complex participation requirements.
- Add apprenticeships and subsidized employment as allowable activities as well as activities from the E&T pilots that have the most demonstrable impact on finding and retaining employment.

D. Conclusion

The Academy appreciates the opportunity to submit comments to the Office of Employment and Training for the Food and Nutrition Service Division of the U.S. Department of Agriculture related to its proposed rule, *"Employment and Training Opportunities in the Supplemental Nutrition Assistance Program"* (RIN 0584-AE68). We support the changes included in the proposed rule, which provides modest program improvements and may help some participants find and keep jobs while addressing some of the problems that E&T programs face in engaging and supporting participants. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Liz Campbell at 202-775-8277 ext. 6021 or by email at ecampbell@eatright.org with any questions or requests for additional information.

Sincerely,



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