



June 16, 2011

David Burr, Director
Program Accountability and
Administration Division
Supplemental Nutrition Assistance Program
U.S. Department of Agriculture
3101 Park Center Drive
Alexandria, VA 22302-1500

Dear Mr. Burr,

**Re: Response to Request for Comments—Key Programmatic
Provisions of Section 241 of the Healthy, Hunger-Free Kids Act of 2010**

The Public Health Institute is writing in response to the U. S. Department of Agriculture's (USDA) request for comments about key programmatic provisions of Section 241 of the *Healthy, Hunger-Free Kids Act of 2010 (HHFK)*, which defines the Supplemental Nutrition Assistance Program Nutrition Education and Obesity Prevention Grant Program (SNAP-Ed/NEOP). We appreciate the opportunity to comment and believe the changes to be made to the existing SNAP-Ed program will allow states to more effectively use these vital resources to better serve low-income individuals and help improve health outcomes.

Hunger and obesity cost millions of dollars annually in lost productivity and health care. In addition, these two conditions negatively affect a child's ability to learn in school. SNAP-Ed/NEOP can help to address these problems simultaneously by giving states and communities the opportunity to make policy and system changes in addition to nutrition education to enable beneficiaries to make behavioral changes such as healthier food and physical activity choices. USDA can facilitate this opportunity by issuing regulations and program guidance based on promising public health practices and policies, including those in obesity prevention and food security.

The SNAP program is the cornerstone of USDA's nutrition assistance and is critically important to those most vulnerable and at risk for the dual conditions of food insecurity and obesity. With proper regulatory guidance, the newly designed SNAP-Ed/NEOP program will be uniquely positioned to address these two public health challenges.

In response to FNS's invitation to provide written comments, Public Health Institute is addressing the issues that were specifically requested as well as other issues we believe are important to consider as USDA develops regulations and guidance for the SNAP-Ed/NEOP Grant Program.

1. Evidence-based, Comprehensive Multi-level Interventions and Public Health Approaches

1.1. *Evidence-based programs and activities:*

SNAP-Ed/NEOP interventions and activities should be based on the best available evidence. Accordingly, evidence-based programs and activities should be developed and grounded in a clear theoretical foundation, carefully implemented and rigorously evaluated with expected positive outcomes. They should include critical peer review and be able to be replicated.

There is research to demonstrate that multifaceted approaches work best to change health-related behaviors and evidence indicates that comprehensive approaches to obesity prevention are effective.¹²³⁴⁵ These efforts include policy, systems, and environmental changes aimed at reaching Americans through a variety of venues and activities where they learn, live, work, and play. In addition to the First Lady's Let's Move campaign and the 2010 Dietary Guidelines for Americans, organizations such as the Institute of Medicine (IOM),⁶⁷ Centers for Disease Control and Prevention (CDC),⁸ and Leadership for Healthy Communities (LHC)⁹ have all developed evidence- and practice-based recommendations and guidance on environmental and policy approaches to address obesity at the community level.

1.2. *Comprehensive, multi-level interventions:*

The Public Health Institute urges USDA to consider the work of IOM, CDC, and LHC referenced above, and other community-based approaches as the Department seeks to define "multilevel interventions at multiple complementary organizational and institutional levels." These recommendations include policy, systems, and environmental changes, and point to the importance of multiple, complementary organizations and institutions in community-based approaches to address obesity. These changes can reverse the unhealthy nutrition and physical activity defaults which exist now to create environments which make it easy for individuals, families, and communities to access healthier food and get more exercise.

¹ Institute of Medicine. Local Government Actions to Prevent Childhood Obesity. September 2009. National Academies Press: Washington, DC.

² Institute of Medicine. Preventing Childhood Obesity: Health in the Balance. 2005. Nation Academies Press: Washington, DC.

³Hill JO, Peters JC. "Environmental contribution to the obesity epidemic." *Science* 1998;280:1371-4.

⁴ Sallis JF, Glanz K. "The role of built environments in physical activity, eating, and obesity in childhood." *Future Child* 2006;1 6:89- 108.

⁵ Sallis JF, Glanz K. "Physical activity and food environments: solutions to the obesity epidemic." *The Millbank Quarterly* 2009;87: 123-54.

⁶ Institute of Medicine. Local Government Actions.

⁷ Institute of Medicine. *Preventing Childhood Obesity*.

⁸ Guide to Community Preventive Services. *Obesity Prevention and Control: Interventions in Community Settings*. <http://www.thecommunityguide.org/obesity/communitysettings.html>.

⁹ Leadership for Healthy Communities Action Strategies Toolkit. <http://www.leadershipforhealthycommunities.org/content/view/352/154/>.

The definition of nutrition education supported by the Public Health Institute describes the importance of a comprehensive, multi-level intervention to effect behavior change. According to this definition, nutrition education is: *“any combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well being. Nutrition education is delivered through multiple venues and involves activities at the individual, community and policy levels”*¹⁰.

All levels within a comprehensive intervention are important. Future versions of the guidance for the SNAP-Ed/NEOP Grant Program should require state and local SNAP-Ed/NEOP programs to include interventions that address the food and physical activity environment and institutional policies and practices. As multi-level approaches are undertaken, it is important to include environmental and policy efforts that are integrated with traditional education efforts to facilitate the adoption of healthy food and physical activity behaviors. For instance, efforts to increase the availability of fruits and vegetables in low-income communities should be accompanied by effective educational messages and communication strategies using community interventions and mass media.

Comprehensive, multi-level interventions are best done by multiple, complementary organizations and institutions working together, since each organization or institution bring a different set of strengths. For example, public health has experience working with successful prevention programs such as tobacco control programs, and has expertise working with the policy and organizational change levels of the Social Ecological Model (described below). Community-based institutions such as community health centers or other nonprofit community based organizations reaching low-income families have experience, expertise and venues for outreach to SNAP participants and those who are eligible.

1.3. *Public health approaches:*

The Public Health Institute strongly believes that requiring the incorporation of public health approaches within SNAP-Ed/NEOP interventions will allow states to use their SNAP-Ed resources more effectively to better serve low-income adults and children. SNAP-Ed/NEOP program regulations requiring approaches such as those described above would be consistent with proven current public health practices. Public health uses a multi-level systems approach to promote health and prevent disease. A public health approach operates within a framework of guiding principles and broad goals, with specific objectives and strategies to align policy and environmental change with education that reaches the targeted community in a variety of venues.

For example, public health approaches to reduce tobacco use include advocating for no smoking policies in public buildings, developing media campaigns to increase awareness of the hazards of tobacco and tobacco smoke, and supporting tobacco-quit lines that provide access to evidence-based counseling and medications for tobacco cessation. Similar approaches should be used to

¹⁰ Contento, IR. Nutrition Education: Linking research, theory, and practice. Jones & Bartlett, 2007.

change nutrition and physical activity practices and behaviors. SNAP-ED funds should be used for policy and environmental changes and SNAP-ED should play a leadership role in multi-level public health approaches to improve the school and community food environments. Additional examples of evidence and practice based environmental change promotion strategies and initiatives that should be allowable with SNAP-Ed/NEOP funding might include outreach, and education to encourage use of farmers markets and farm stands in low income areas by SNAP recipients; developing media campaigns to promote healthy eating and active living using consistent messages; establishing food policy councils or task forces that advance healthy food options; conducting community food security assessments; and offering incentives to encourage convenience store owners to offer healthier options. It is also essential that SNAP-Ed/NEOP programs be able to use their USDA funding to educate, inform and engage community intermediaries and other key stakeholders serving low-income individuals as part of the integrated delivery of program interventions.

Furthermore, public health interventions, which can reach a large number of low-income individuals with consistent low-dosage interventions, are more cost-efficient, and may be more effective at generating change in a population, than more costly interventions aimed at individual behavior change.

2. The Social-Ecological Model and Spectrum of Prevention

The Social-Ecological Model¹¹ and Spectrum of Prevention¹² have been widely and successfully used in a variety of nutrition education and obesity prevention initiatives.

2.1. The *Social-Ecological Model* (Model) describes the relationship and roles that various segments of society can play in making healthy choices more widely accessible and desirable. The Model considers the interactions between individuals and families, environmental settings, and various sectors of influence, as well as the impact of social and cultural norms and values. The Model has been used to develop, implement, and evaluate comprehensive interventions at all levels. Efforts to improve dietary intake and increase physical activity are more likely to be successful when using this type of coordinated system-wide approach that takes into account the unique challenges that face individual communities.

2.2. The *Spectrum of Prevention* (Spectrum) helps expand prevention efforts beyond education models by promoting a multifaceted range of activities for effective prevention. The *Spectrum* identifies multiple levels of intervention and encourages people to move beyond the perception that prevention is about teaching healthy behaviors. The *Spectrum* provides

¹¹ The Social-Ecological Model. The 2010 Dietary Guidelines for Americans 2010 Chapter Six: Helping Americans Make Healthy Choices. Accessed June 1, 2011.

<http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/Chapter6.pdf>

¹² The Prevention Health Institute. The Spectrum of Prevention.

<http://www.preventioninstitute.org/component/jlibrary/article/id-105/127.html>.

a framework for a more comprehensive understanding approach to prevention.

Both models emphasize the relationships between individuals and the broader social and physical environment and promote environmental, organizational, and policy change strategies to help improve communities and neighborhoods by making the healthy choice the easy choice. The Dietary Guidelines for Americans 2010 cites the Social-Ecological Model as a way to think about how multiple levels apply to comprehensive food and physical activity interventions.

3. SNAP-ED/NEOP Program Targeting

Under the *2012 SNAP-Ed Guidance for Plan Preparation* (Part II, Section B, pg. 9), the Guidance specifies three (3) categories of persons eligible to receive State SNAP-Ed activities. Category 1 encompasses all “Certified Eligibles,” meaning SNAP participants; categories 2 and 3 are described as “Likely Eligibles” and “Potential Eligibles by Site/Location.” The implementation of this Guidance has meant that the manner in which the various target populations are defined and approved by USDA renders the great majority of SNAP-Ed eligible populations outside the reach of meaningful, effectively scaled SNAP-Ed interventions. This particularly impacts rural states and communities.

SNAP-ED/NEOP interventions should be designed and implemented to reach the largest number of those potentially eligible for the program where they live, work and shop for food even if some of the families included in these target areas are not SNAP-eligible. The provisions within Section 241 of HHFK change the definition of “eligible populations” for the SNAP-Ed/NEOP program from prior law, and provide USDA with broad discretion to apply flexible, cost-effective, and allowable targeting methods, based on state and local community circumstances. These methods would allow state and local programs to reach a much larger percentage of eligible individuals and thus more cost effective utilization of program funds.

Specifically, Section 241 of HHFK stipulates that the Secretary of USDA has the authority to include within the eligible population: “*an individual who resides in a community with a significant low-income population, as determined by the Secretary*” and “*such other low-income individual as is determined to be eligible by the Secretary*”.

3.1. Recommendations for SNAP-Ed/NEOP Targeting:

- 3.1.1. Include additional criteria and proxy sites that will allow implementing agencies to reach a much greater percentage of eligible groups more cost effectively. For example, the population in a school district or school catchment that has 50% or more free and reduced price meals should be eligible for SNAP-Ed /NEOP since the school/district student population is reflective of the total population in that community.
- 3.1.2. USDA should not penalize implementing agencies, or disallow interventions, for ‘incidental outreach’. Incidental outreach may occur where an intervention is designed

and targeted to the SNAP-Ed/NEOP population but it might be seen by other individuals or residents in a low-income community who may or may not be eligible – for example, where program interventions are delivered in grocery stores, using mass media or on public transportation. Allowing for incidental outreach can significantly boost the cost effectiveness of SNAP-Ed/NEOP programs and increase the reach to the SNAP population.

3.1.3. SNAP-Ed/NEOP targeting rules need to reflect a recognition that:

- a) Implementing agencies fully embrace the need to focus on low-income populations which experience the greatest inequities in health outcomes;
- b) Implementing agencies desire to reach the largest number of individuals eligible for SNAP-Ed/NEOP as cost effectively as possible;
- c) Systems and environmental change approaches to SNAP-Ed/NEOP can be effectively targeted to low income individuals; and
- d) Flexibility is needed in the intervention site approval process so that services can be offered in settings as conditions change and new opportunities become available throughout the year.

4. Other Concerns and Recommendations

The Public Health Institute recommends that USDA include the following points when preparing regulations and guidance for the SNAP-Ed/NEOP grant program.

- 4.1. Achieving the goal of ‘*voluntary adoption of food choices consistent with the Dietary Guidelines for Americans*’ is more likely to happen when state and local organizations work together to undertake comprehensive, multi-level interventions at multiple, complimentary organizational and institutional levels. Since most SNAP agencies (henceforth referred to as ‘SNAP agencies’) have limited or no experience delivering such interventions, SNAP-Ed/NEOP should require that grant activities be coordinated by organizations that have public health expertise; this could be achieved through subcontracts with one or more implementing agencies that have demonstrated capacity delivering these types of interventions such as state and local public health departments, state public health institutes, the Cooperative Extension Service, county and local offices of education, state universities and state and local nonprofit organizations.
- 4.2. SNAP agencies should be required to use comprehensive, multi-level interventions with this funding. SNAP agencies and other state implementing agencies should be required to offer an open application process with clearly-defined criteria consistent with the principles of evidence-based, comprehensive multi-level interventions and public health approaches.
- 4.3. Evaluation of nutrition education, including environmental and policy change, is

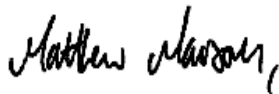
essential for developing evidence-based programs and activities. Ideally, resources for evaluation will allow for long-term trends analysis and follow-up to better assess SNAP-Ed/NEOP interventions.

- 4.4. Discontinue the current rule that prohibits the use of these funds for education about the negative health effects of consuming certain foods and beverages proven to be detrimental to good health when consumed regularly. Instead the Public Health Institute urges USDA to develop regulations and guidance that allows SNAP-Ed/NEOP programs to conduct counter-marketing campaigns to address the marketing of unhealthy foods and beverages, learning a lesson from the strategies and innovations that worked so well for tobacco control. Furthermore, SNAP-Ed/NEOP programs should be allowed to implement in nutrition education that explains that regular consumption of some foods and beverages contribute to obesity and permits communities to pursue systems and policy change that limit the availability of foods and beverages that are low in nutrients and high in calories.

Throughout the United States, SNAP-Ed programs are currently doing tremendous work to promote healthy behaviors and help low-income families make healthy choices. Full implementation of the changes required within Section 241 of the *Healthy, Hunger-Free Kids Act of 2010* can further strengthen the outcomes of SNAP-Ed/NEOP and allow state and local programs to play a greater role in helping to address childhood hunger and fighting to prevent obesity. By empowering parents and their children to make healthy choices, and building healthier communities and environments, SNAP-Ed/NEOP can and must play a greater 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.

Thank you for considering these recommendations.

Sincerely,



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CC: Kevin Concannon
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