

June, 2011

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

Dear Mr. Burr,

The American Dietetic Association is the world's largest organization of food and nutrition professionals with over 71,000 members who are committed to improving the health of Americans through food and nutrition strategies. We are writing in response to USDA's informal request for comments about the provisions of paragraph (3) (A) of section 241 of the *Healthy, Hunger-Free Kids Act of 2010*, which includes the new Nutrition Education and Obesity Prevention Grant Program. We appreciate the opportunity to comment prior to the publication of proposed regulations. ADA supported these changes of the Act as a way for the SNAP Nutrition Education (SNAP-Ed) programs to more effectively use resources and innovative approaches to reach SNAP eligible individuals and help empower them to make healthy food choices.

ADA is committed to improving the health of Americans through greater access to healthful foods and better understanding of a healthy diet. We know that nutrition education is an important component of achieving this goal. A full spectrum of approaches is needed as no single approach can be totally effective. ADA members use an evidence-based practice (EBP) approach that uses the best evidence possible and appropriate information available to design clinical interventions and nutrition education programs. It involves complex and conscientious decision-making based not only on the available evidence but also on client characteristics, situations, and preferences.

Using EBP is a natural fit for the changes in SNAP-Ed that will now deliver direct education and use public health approaches to help empower low-income persons to make healthy food choices while helping to create healthier food environments for these families. This comprehensive, multilevel approach will empower individuals make long-term behavior changes. Research has shown that comprehensive efforts that include a variety of approaches – policy, systems and organizational change along with education, promotion and marketing in all places we live, work, learn and play – result in successfully achieving the goal of behavior change.

We therefore urge USDA to define “multilevel interventions at multiple complementary, organizational and institutional levels” as comprehensive efforts that include policy, systems and environmental changes delivered at local, county, regional and statewide levels. Public health approaches are emerging practices that are defined efforts to improve the health of not only individuals but also of communities and entire populations. A public health approach has a framework of guiding principles, broad goals, and specific objectives and strategies and most importantly targeted outcomes. There is agreement within the public health and chronic disease prevention communities, in which registered dietitians are active players, that more success is achieved to reduce risk factors for chronic diseases

when a multi-level, comprehensive systems approach is used.¹ Using the Social-Ecological Model for these changes comes at a perfect time to help implement the new Dietary *Guidelines for Americans, 2010*, which points out the role that various segments of society must play in making healthy choices more widely accessible and desirable.

Energy balance will be key to reduce obesity. State SNAP and implementing nutrition education agencies should be allowed to develop programs that include not only nutrition messages and interventions but physical activity, as well. Innovative programs that use energy balance as the foundation to reduce obesity should not separate eating and exercise. Physical activity programming should be encouraged and allowed, and regulations and/or guidance to do so should not be made cumbersome.

Nutrition education must be innovative, creative and engaging. USDA is encouraged to consider Dr. Isobel Contento's definition for SNAP-Ed: "Nutrition education is any combination of educational strategies, accompanied by environmental supports, designed to facilitate the 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."² We would like USDA to support ADA members who are working to reduce food deserts in communities. We know that without access to fresh, healthy food, all the nutrition education delivered to participants will not result in a healthy diet.

SNAP Ed (soon to be called the Supplemental Nutrition Assistance Program--Nutrition Education and Obesity Prevention or NEOP) should target SNAP participants, those who are income-eligible but not participating in SNAP and/or free and reduced priced child nutrition programs, and low-income people in locations such as school districts, neighborhoods, communities, worksites, churches, state-designated high-need areas, and other settings where large numbers of low-income children and adults can be reached. Similarly, mass media outlets such as television, radio, print and outdoor advertising that reach the largest numbers of low-income adults and children in any given media market should be allowed. Rules, regulations and guidance should allow targeting to reach the largest proportion of SNAP participants and others eligible for SNAP-Ed where they live, work, and shop for food as cost effectively as possible using a common sense approach.

Although targeted for SNAP participants and other low-income Americans, all Americans can use SNAP-Ed core messages to improve their health. It should not be viewed negatively by USDA if messages reach other audiences as long as the targeting efforts are reasonable and effective for SNAP audiences. States need flexible targeting requirements. For example, a mostly rural state like Iowa will have different challenges and opportunities compared to states such as New York with large, urban populations. In this dynamic and rapidly-developing technology changing world, there are many ideas and approaches that could be successful – but states and local agencies need the flexibility to test these ideas. Some ideas include community gardening and food system development; consumer and youth empowerment; and nutrition education in atypical places, such as faith-based locations and grocery or corner stores.

It is important that reasonable and useful evaluation is conducted to assure the best use of funds. A mix of evaluation approaches, including formative, process, impact and outcome evaluations, population surveys, case studies, and registries should be developed in collaboration with other national, regional, state and implementing agencies and experts in public health approaches.

Finally, the changes in SNAP-Education should allow programs to design behavior-change strategies that meet the market needs of their community without the barriers of cumbersome paperwork, narrow targeting restrictions, and repetitive annual state plans.

In summary, The American Dietetic Association supports these changes and would ask FNS to:

1. Clearly define approaches that will be flexible and innovative in delivering nutrition education.
2. Allow messages and education to include healthy eating and physical education.
3. Recognize the different challenges that are unique to states.
4. Allow the use of cost effective ways to reach target audiences including use of mass media and meeting the audience where they are in their communities like churches schools and worksite.

The American Dietetic Association with its many members as leaders in SNAP-Education is ready to help implement these bold and long overdue changes. Thank you for allowing us to comment. Please count on our help and support!

Sincerely,

A handwritten signature in cursive script that reads "Mary Pat Raimondi".

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¹ Halpin HA, Morales-Suárez-Varela MM, Martin-Moreno JM. Chronic disease prevention and the New Public Health. *Public Health Reviews* 2010;32:120-154; www.thecommunityguide.org; http://cbpp-pcpe.phac-aspc.gc.ca/population_health/key_element_5-eng.html; A Public Health Approach to Decreasing Obesity. Susan J. Blumenthal, MD, MPA, Jennifer M. Hendi, MPH, and Lauren Marsillo. *JAMA*, November 6, 2002—Vol 288, No. 17)

² Contento. *Nutrition Education: Linking Research, Theory, and Practice*. 2007. Jones and Bartlett, Publishers)