CENTER FOR Science IN THE Public Interest

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Christopher Lynch, PhD
Office of Nutrition Research
Division of Program Coordination, Planning, and Strategic Initiatives
National Institutes of Health
nutritionresearch@nih.gov

Re: Request for Information: Research Opportunities to End Hunger, Food and Nutrition Insecurity (NOT-OD-21-183)

Dear Dr. Lynch:

The Center for Science in the Public Interest (CSPI) greatly appreciates the opportunity to comment on the National Institutes of Health (NIH) announcement Research Opportunities to End Hunger, Food and Nutrition Insecurity (NOT-OD-21-183). CSPI is a non-profit consumer education and advocacy organization that has worked since 1971 to improve the public's health through better nutrition and safer food.

CSPI envisions a healthy population with reduced impact and burden of chronic diseases and an equitable food system that makes healthy, sustainable food accessible to all.

Our current food system is designed to push profits, often at the expense of our health. Food manufacturers market and sell unhealthy food, ensuring unhealthy products are cheap and available wherever we shop.[1,2] While the population at large suffers as a result of these harmful industry practices, the impact is greatest among communities that are unjustly burdened with social risk factors that increase their susceptibility to chronic disease.[3] In many instances, the intergenerational burden of discriminatory policies and practices have contributed to and widened racial disparities in health, especially in incidences of hypertension, diabetes, and stroke.[4,5,6] Targeted marketing by the food industry to people with low incomes and people of color is an example of a remediable practice that compounds disparities.[7,8] **New research into how we can reshape the food environment to change the impact of marketing by the food industry and to empower individuals to build healthy eating patterns that meet their needs can strengthen nutrition security and maximize public health.**

People living with food insecurity are unable to consistently afford and gain access to food. This restricts their opportunities to consume the necessary foods and nutrients to live a healthy life. In our recent focus groups with Supplemental Nutrition Assistance Program (SNAP) participants, there was strong agreement that more money for food would help them eat more healthfully.[9,10] These findings were echoed in a U.S. Department of Agriculture (USDA) study on barriers to healthy eating for SNAP participants.[11] Further, due to systemic barriers to accessing resources, people of color face disproportionately high rates of food insecurity compared to the general population.[12] **Research and strategies aimed at reducing nutrition insecurity must also aim to address the programmatic inequities faced by marginalized groups as well as the systems that created inequitable access to resources.** Earlier this year, CSPI sent recommendations to the USDA for advancing racial equity within its programs.[13] CSPI would like the NIH to consider our specific recommendations for nutrition insecurity

research in the various programs on which we work. In particular, we emphasize the need to evaluate existing or potential pilot programs in order to add to the evidence base regarding these programs.

We propose the following recommendations:

- **Supplemental Nutrition Assistance Program (SNAP)**
    - A pilot in collaboration with USDA among SNAP participants would offer valuable insight into the combined incentives and disincentives strategy to determine health potential, technical feasibility, cost effectiveness, and possible unintended consequences.
    - A pilot that adds to the emerging evidence on cost-effective and scalable promotions of nutrition-focused SNAP interventions, such as fruit and vegetable incentives, to improve program awareness, utilization, and impact.
    - A pilot to examine the impact of including nutrient-dense, hot, prepared foods as allowable purchases in SNAP.
    - A pilot to examine SNAP-authorized retailer food marketing standards (in-store and online) that could promote healthy dietary behaviors.
    - A pilot to test online SNAP strategies to increase online food retail utilization and promote nutrition security among people who use SNAP. Research might test the impact of waiving service fees, integrating fruit and vegetable incentives into online SNAP, and behavioral economic strategies to make healthier choices easier in the online food environment.
- **National School Lunch Program (NSLP) and School Breakfast Program (SBP)**
    - A nationwide study on the impact of the current universal free breakfast and lunch provision on child food and nutrition security.
    - A modeling or simulation study that projects the benefits to children if school meals fully met whole grain-rich requirements, sodium targets and an added sugar standard**.** Impacts analyzed could include, for example, cardiovascular disease risk to children for sodium, changes in Healthy Eating Index score, and healthcare cost savings.
    - A representative, cross-sectional analysis of schools' compliance with sodium reduction Targets 2 and 3. This would help to inform the compliance timeline by which schools should meet the targets (which USDA will have to determine).
    - A qualitative study of schools on SY21-22 supply chain and labor shortage issues and its impact on nutritious school meals.
    - The impact that COVID-19 and meal pattern waivers have had on the nutritional quality of school meals.
- **Summer Food Service Program (SFSP)**
    - A modeling or simulation study that projects the benefits to children's diet quality and health outcomes if SFSP standards were aligned with NSLP and SBP standards.
- **Congregate and Home-Delivered Meals for Older Adults**
    - An examination of the relationship between the nutritional quality of congregate and home-delivered meals (e.g., using the Healthy Eating Index) and the strength of State Units of Aging and Area Agencies on Aging nutrition guidance, training of program staff and contractors, and other factors that could inform federal approaches to strengthen the Older Americans Act nutrition programs.
    - Periodic, robust research activities to evaluate the diet quality and health outcomes of older adults receiving congregate and home-delivered meals.
- **Sodium Reduction in Communities Program (SRCP)**

    - Use of CDC's SRCP as a model for partnerships between federal, state, local, and non-governmental entities to promote nutrition security and future evaluation studies of such programs.
- **Restaurant Kids' Meals**
    - Use of the Prince George's County, Maryland, bill as a model for effective coordination between county government entities and non-governmental organizations to enact strategies that promote nutrition security.
- **Food Banks**
    - Use of the Mainers Feeding Mainers program to serve as a model for effective coordination between state governments and non-governmental organizations to improve nutrition security by improving the nutritional quality of food bank offerings.

We are willing to work with you and our research partners on the methods of these proposed studies. The following gives additional context to the recommendations above.

SNAP

SNAP is the nation's largest food assistance program, with more than 240,000 participating retailers and accounting for eight percent of all foods purchased for home consumption.[14,15,16] Evidence shows that SNAP reduces food insecurity, improves health and well-being, and reduces health care costs.[17]

Since the start of the COVID-19 pandemic and the associated economic downturn, policymakers have taken steps to further leverage SNAP to address food insecurity and promote health equity related to chronic diseases, but more work is needed.

- The USDA rapidly expanded the SNAP Online Purchasing Pilot, which facilitates access to food by allowing retailers to accept SNAP benefits for online transactions. Currently, nearly all states participate in online SNAP; however, this does not mean online SNAP purchasing and delivery is available to all SNAP households within them.[18,19,20]
- Early in 2020, Congress temporarily halted the three-month time limit on SNAP benefits for able-bodied adults without dependents unless they work at least 20 hours per week. The time limit disproportionately impacts non-Hispanic Black and Hispanic adults and has not been found to increase employment.[21,22]
- In late 2020, Congress temporarily expanded college student SNAP eligibility. In general, students enrolled in college more than half-time are not eligible unless they meet the normal eligibility requirements and an exemption (such as having a disability). Before COVID-19, college students already experienced a two-fold greater food insecurity rate than average households.[23] The pandemic further exacerbated student hunger, especially among racial and ethnic minorities.[24]
- SNAP benefit increase developments: People who use SNAP point to low benefit amounts as a major barrier to healthy eating.[25] Congress temporarily extended "emergency SNAP allotments"—which increased benefits to the maximum for the household size— and increased maximum benefits by 15%. USDA announced a more permanent change in August 2021 by updating the Thrifty Food Plan—used to calculate SNAP benefits—to better reflect the cost of a nutritious diet. Before the pandemic, benefits averaged only $1.40 per person per meal.[26,27] When all temporary pandemic-related SNAP boosts end, average benefits will be roughly 27% higher than they would have been without the TFP update.[28,29] A temporary 14% SNAP benefit boost during the American Recovery and Reinvestment Act of 2009 was associated with improved food security and reduced Medicaid cost growth.[30]

Research should examine the impact of these COVID-era innovations, including the impact at state and tribal levels and across demographic groups. This implementation research is critical to determining best practices for adaptations needed during future natural disasters or public health emergencies. It would also have relevance to non-pandemic situations.

Research should also explore strategies to further leverage SNAP to address food and nutrition insecurity, diet-related chronic disease, and unhealthy neighborhood food environments. For example, we analyzed studies from the past ten years that assess the impact of four distinct SNAP interventions – benefit increase, incentive, not including sugar-sweetened beverages (SSBs) in SNAP, and combined incentive/ SSBs not in SNAP – on fruit and vegetable intake, SSB intake, diet quality, and other health and economic impacts.[31] Our analysis indicates that the combined strategy could generate significant nutritional health benefits and cost savings, and surveys suggest that most individuals that participate in SNAP support this combined strategy. Yet research thus far is limited to simulation studies or studies conducted among non-SNAP participants.

Also, USDA issues waivers to the SNAP food package during emergencies, such as allowing hot, prepared foods to be purchased during natural disasters.[32] New research can evaluate the impact of hot prepared foods in SNAP and determine if permanently including hot prepared foods as part of the SNAP food package can improve health. This research can also examine if burdens are eased for individuals experiencing homelessness who do not have consistent access to a kitchen and for people with disabilities who do not have the ability to cook. SNAP participants and stakeholders have indicated that they believe including hot foods as SNAP-allowable purchases would improve healthy eating patterns.[33]

In addition, research is needed to better understand potential nutrition-focused SNAP intervention program modifications and effective promotional strategies that can increase SNAP participant awareness, participation, and impact. The evaluation of the Food Insecurity Nutrition Incentives (FINI), a program funding fruit and vegetable incentives, reported that there is low participation among SNAP participants who live near FINI retailers.[34] One potentially effective solution is to implement digital SNAP incentive program promotions, which have been shown to expand farmers' market reach and to confer associated nutritional benefits to historically marginalized populations.[35]

We propose the following studies, which have support from SNAP participants and stakeholders[36,37]:

- A pilot in collaboration with USDA among SNAP participants would offer valuable insight into the combined incentives and disincentives strategy to determine health potential, technical feasibility, cost effectiveness, and possible unintended consequences.
- A pilot that adds to the emerging evidence on cost-effective and scalable promotions of nutrition-focused SNAP interventions, such as fruit and vegetable incentives, to improve program awareness, utilization, and impact.
- A pilot to examine the impact of including nutrient-dense hot, prepared foods as allowable purchases in SNAP.
- A pilot to examine SNAP-authorized retailer food marketing standards (in-store and online) that could promote healthy dietary behaviors.
- A pilot to test online SNAP strategies to increase online food retail utilization and promote nutrition security among people that use SNAP. Research might test the impact of waiving service fees, integrating fruit and vegetable incentives into online SNAP, and behavioral economic strategies to make healthier choices easier in the online food environment.

School Meals

The National School Lunch Program (NSLP) and School Breakfast Program (SBP) are federally funded programs that, prior to the COVID-19 pandemic, provided subsidized school meals to nearly 30 million children annually.[38] The majority of children (approximately 75 percent) who participate in the program are from low-income households.[39] The importance of healthy school meals has taken on new urgency during the COVID-19 pandemic. Given the severe economic impacts of COVID-19, more children will likely continue to qualify for free or reduced-price school meals than before the pandemic. For many of these children, school breakfast and lunch may be the only nutritious meals they will consume in a day. While overall rates of food insecurity in the U.S. remained steady during the pandemic, the rates of food insecurity for households with children increased significantly. And, among children burdened by food insecurity, there was an increase in the severity of food insecurity where more children were reported going hungry, skipping meals, or not eating for a whole day because there was not enough money for food.[40]

Prior to the COVID-19 pandemic, universal free breakfast and lunch was limited to schools implementing the Community Eligibility Provision (limited to schools and districts with high rates of poverty), special assistance alternatives (Provision 1, 2 or 3) or state- or locally-funded initiatives such as eliminating the reduced-price meal category or providing universal free breakfast. For the first time in history, under pandemic-related waivers issued by USDA, all students across the country are currently eligible to receive free breakfast and lunch at school through June 2022, at which point school meals will return to the traditional payment structure determined by a student's household income.[41] In the Senate, S.1530, the Universal School Meals Program Act of 2021, seeks to continue free meals for all students.[42] In contrast, H.R. 5376, the Build Back Better Act, seeks to expand eligibility for Community Eligibility, which would grant nearly 9 million more children access to free school meals.[43,44] If H.R. 5376 is passed, many children would be left out of receiving the free meals for which they are currently eligible under USDA waivers. A recent systematic review evaluated studies examining the association between several outcomes, one of which was food security.[45] While the number of studies that analyzed food security was limited, two of the three studies examining food security found that free meals are associated with improved food security, while one found no association.

The Healthy, Hunger-Free Kids Act (HHFKA) of 2010 strengthened nutrition standards for meals, snacks, and beverages offered at school. The updated standards, finalized in 2012, aligned school meals with the latest nutrition science established by the 2010 Dietary Guidelines for Americans (DGA) and the National Academy of Sciences. The updated standards include sodium reduction targets, whole-grain-rich requirements, age-appropriate calorie ranges, limits on unhealthy fats, and updated serving requirements for fruits, vegetables, and milk. Of note, the standards do not align with the 2020 DGA recommendations, particularly for sodium and added sugars, and require updating to be aligned. Despite the overwhelming success of the standards, they have been subject to political attacks, including a 2018 rule that weakened the sodium, whole grain, and milk requirements.[46] In 2020, the rule was struck down by a federal court due to procedural errors.[47]

The result of that court victory is that the 2012 school nutrition standards are again in effect, yet as authorized under the Families First Coronavirus Response Act,[48] USDA has not been enforcing any nutrition standards during the pandemic. Through June 2022, schools can apply for meal pattern waivers if they are experiencing hardships due to the pandemic. Widespread supply chain disruptions and labor shortages have plagued school meal programs, resulting in USDA committing up to $1.5 billion in

support.[49] **Given the immense challenges and uncertainty the programs have faced in recent years, evidence-based approaches will be critical to inform future directions for the school meals programs.**

We propose the following studies:

- A nationwide study on the impact of the current universal free breakfast and lunch provision on child food and nutrition security.
- A modeling or simulation study that projects the benefits to children if school meals fully met whole grain-rich requirements, sodium targets and an added sugar standard**.** Impacts analyzed could include, for example, cardiovascular disease risk to children for sodium, changes in Healthy Eating Index score, and healthcare cost savings.
- A representative, cross-sectional analysis of schools' compliance with sodium reduction Targets 2 and 3. This would help to inform the compliance timeline by which schools should meet them (which USDA will have to determine).
- A qualitative study of schools on SY21-22 supply chain and labor shortage issues and its impact on nutritious school meals.
- The impact that COVID-19 and meal pattern waivers have had on the nutritional quality of school meals.

Summer Food Service Program

The Summer Food Service Program (SFSP) is one of multiple federal programs—including the NSLP and SBP—that offer financial assistance and administrative support to organizations that provide meals and snacks to children in schools and other institutional settings.[50] Through SFSP, children from low-income areas receive free meals and snacks. By reaching a large population of disadvantaged children across the U.S., SFSP is an important opportunity to promote nutrition security and health equity by optimizing the nutritional quality of foods served. In 2019, nearly 142 million meals were served through SFSP.[51] Pandemic participation in SFSP has skyrocketed to roughly 1,306 million meals in 2020, in large part due to a series of USDA-issued pandemic waivers that permit schools to offer meals to students through SFSP during the school year.[52]

In 2012, federal nutrition standards for NSLP and SBP were updated to reflect the 2010 *Dietary Guidelines for Americans* (DGA)*,* though they are now, in part, out of step with the 2020-2025 DGA. SFSP has different standards that have not been updated since 2000 and are even weaker. For example, researchers analyzed one week's breakfast and lunch menu for more than 340 SFSP feeding sites in Columbus, Ohio in the summer of 2015.[53] Compared to the 2012 school meal standards, the summer lunch meals provided too much saturated fat and sodium. Both breakfast and lunch provided too much protein and carbohydrates and too little fiber. The one-week menu provided only two servings of vegetables.

To strengthen nutrition security through SFSP, we propose:

- A modeling or simulation study that projects the benefits to children's diet quality and health outcomes if SFSP standards were aligned with NSLP and SBP standards.

Congregate and Home-Delivered Meals for Older Adults

Title III-C of the federal Older Americans Act (OAA) authorizes congregate and home-delivered meals for older adults.[54] The law authorizes financial assistance and administrative support to organizations that operate these nutrition programs at the state and local levels. Senior nutrition programs aim to reduce hunger and food insecurity, promote socialization among participants, and promote health and well-being by facilitating access to nutritious foods and other preventive health services.[55] All persons over the age of 60 may participate, but services are targeted to older adults with the greatest economic or social need, representing an opportunity to promote health equity by optimizing the nutritional quality of foods served.

Different policies at the federal, state, and local levels influence the nutritional quality of program meals. The federal statute requires that meals:

- adhere to the current *Dietary Guidelines for Americans;*
- provide at least one-third of the Dietary Reference Intakes;
- comply with applicable provisions of state and local food codes;
- are appealing to participants; and
- must be adjusted to meet special dietary needs such as health, religious, cultural/ethnic needs as feasible.[56]

In contrast to other federal feeding programs such as the NSLP and the Child and Adult Care Food Program, there is not a national meal pattern or nutrition standards established for the OAA nutrition programs. State Units on Aging (SUAs) have authority to translate these broad federal requirements into specific guidelines. Specificity and content of state policies varies significantly—some merely reiterate the federal requirements, while others provide meal pattern and nutrient specifications.[57] State policies also vary in the degree of involvement of a registered dietitian in menu planning. The extent to which Area Agencies on Aging (AAAs) or Local Service Providers (LSPs) adopt specific meal patterns or nutrition standards beyond state guidance has not been characterized in any publicly available resources. Further, it is likely that SUAs and AAAs provide varying levels of technical and supervisory assistance to LSPs to implement nutrition standards.

Existing OAA federal nutrition requirements and the corresponding patchwork of SUA nutrition policies are not sufficient to ensure optimal nutritional quality of program meals across the board. A recent evaluation demonstrated that congregate and home-delivered meals are consistent with many components of the *Dietary Guidelines for Americans*, but fall short by providing too much sodium, refined grains, and empty calories, and too few seafood and plant proteins, healthy fats, and whole grains.[58] In addition, a survey of program administrators and meal providers found that less than half of respondents received training on menu planning using national nutrition guidelines.[59] These findings represent an opportunity for national, state, and local efforts to improve the nutritional quality of congregate and home-delivered meals for older adults.

To strengthen nutrition security for older adults, we propose:

- An examination of the relationship between the nutritional quality of congregate and home-delivered meals (e.g., using the Healthy Eating Index) and the strength of SUA and AAA nutrition guidance, training of program staff and contractors, and other factors that could inform federal approaches to strengthen the OAA nutrition programs.
- Periodic, robust research activities to evaluate the diet quality and health outcomes of older adults receiving congregate and home-delivered meals.

Sodium Reduction in Communities Program

Most people in the United States consume more sodium than recommended by health authorities, putting them at increased risk for hypertension, heart disease, and stroke.[60,61] In addition, most dietary sodium is already present in packaged and prepared foods before purchase, so it is critical for food service providers and food manufacturers to reduce sodium in the food supply.[62] One example of effective coordination between federal, state, and local entities is the CDC's Sodium Reduction in Communities Program (SRCP).[63] SRCP supports state and local organizations with funding and technical assistance to partner with institutional food service providers—including hospitals, higher-learning institutions, schools, early care and education centers, emergency food sites, meal programs, and worksites—to increase the availability of lower-sodium foods. Because the program operates in settings that many people routinely depend on for meals on a daily or weekly basis, reducing sodium to healthier levels has positive implications for nutrition security for the populations served.

The program has an evaluation component that has demonstrated the program's effectiveness on several measures.[64] For example, from 2013 to 2016, the average sodium content of foods targeted for sodium reduction decreased from 946 to 685 mg in 12 food service settings participating in the program.[65] One awardee implemented sodium reduction strategies in northwest Arkansas public school cafeterias and community meal programs for people with low incomes. The intervention was followed by reductions in average sodium content of meals served per diner from 1103 mg to 980 mg (11.2%) in 29 schools and from 1509 mg to 1258 mg (16.6%) in five community meal programs.[66]

We propose that CDC's SRCP should be a model for:

- partnerships between federal, state, local, and non-governmental entities to promote nutrition security; and
- future evaluation studies of such programs.

Restaurant Kids' Meals

In November 2020, lawmakers in Prince George's County, Maryland, became the first in the country to pass legislation that comprehensively addresses the nutrition of restaurant kids' meals.[67] In addition to ensuring that healthier beverages and sides are the default with restaurant children's meals, the legislation requires that at least one kids' meal on the menu meets expert nutrition standards. A coalition of non-governmental organizations worked with the county agencies and the county council to develop the solution and pass the legislation.

To promote nutrition security through restaurant kids' meals, we propose:

- Using the Prince George's County bill to serve as a model for effective coordination between county government entities and non-governmental organizations to enact strategies that promote nutrition security.

Food Banks

In 2016, the Maine legislature passed legislation appropriating funds to the Good Shepherd Food Bank for its Mainers Feeding Mainers (MFM) program.[68,69] Through MFM, Good Shepherd purchases 2 million pounds of nutritious, agricultural products from over 75 Maine food producers and distributes them to its network of food pantries and institutional feeding programs.[70] Good Shepherd launched the program in 2010 and relied on philanthropic support before successfully lobbying for state funding six years later.

[71,72] The program's benefits include providing a healthier, fresher, and wider variety of foods to charitable food system clients while supporting the local economy.

To promote nutrition security through food banks, we propose:

- Using the Mainers Feeding Mainers program to serve as a model for effective coordination between state governments and non-governmental organizations to improve nutrition security by improving the nutritional quality of food bank offerings.

In conclusion, CSPI appreciates the opportunity to respond to the information request for *Research Opportunities to End Hunger, Food and Nutrition Insecurity*, and we urge NIH to develop opportunities to understand and expand nutrition security efforts. Please contact Cassie Ramos at cramos@cspinet.org or 202-777-8375 with any questions, requests for specific research project designs, or requests for additional information.

Sincerely,

Sara John
Senior Policy Scientist

Meghan Maroney
Senior Policy Associate

Sara Ribakove
Senior Policy Associate

Maya Sandalow
Senior Policy Associate

Cassie Ramos
Policy Associate

Jessi Silverman
Policy Associate

Emily Friedman
Legal Fellow

Peter Lurie
Executive Director and President

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