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August 17, 2018

Dear Member of Congress,

On behalf of the American Heart Association, the American Stroke Association, and its more than 40 million volunteers and supporters, I am writing to share our priorities for the farm bill conference. Cardiovascular disease (CVD) is our nation's number one killer and by 2035, nearly half of the U.S. population will have some form of CVD. In 2016 alone, CVD cost \$555 billion in medical care and lost productivity and by 2035, it is expected to cost our nation \$1.1 trillion annually. The good news is that CVD is largely preventable, and we can reduce its prevalence and cost by adopting healthy habits such as eating a nutritious diet. No other piece of legislation influences what we eat more than the farm bill.

First, it is vitally important that the Supplement Nutrition Assistance Program (SNAP) remain strong, robust, and intact. Any changes to the program should preserve access and not lower program benefits. SNAP provides food assistance to more than 45 million Americans and the majority of benefits go to households with children, older adults, or those with disabilities. In addition to addressing food insecurity, SNAP can improve health outcomes, help lift Americans out of poverty, and contribute to the growth and success of the U.S. economy. The bipartisan Senate bill protects SNAP while at the same time, strengthening the integrity of the program, adding more accountability, and basing programmatic changes on evidence-based analysis.

Second, we are pleased that both the Senate and House bills provide robust investment into the Food Insecurity Nutrition Incentives (FINI) program. These grants help increase produce purchases among low-income consumers participating in SNAP by providing incentives at point of purchase. In addition to the increased funding levels, we support creating: a funding baseline for FINI and a dedicated center to provide training and technical assistance. This center would help coordinate best practices and facilitate communication – ultimately improving program outcomes

and allowing more implementation money to be spent on incentives. It is also important that we improve on the reporting and evaluation system to identify and understand fruit and vegetable consumption, successes, and challenges, and to devise ways to make the evaluation process more streamlined and less burdensome for grantees.

Third, the association supports the creation of a fruit and vegetable prescription pilot, in coordination with health care providers and coupled with a strong evaluation component. Eating a variety of fruits and vegetables may help control weight, blood pressure, blood cholesterol, and blood sugar, and increasing fruits and vegetables portions can reduce the risk of developing cardiovascular disease. Yet according to 2015 data, only 12.2 percent of adult Americans met fruit intake recommendations and a mere 9.3 percent met vegetable intake recommendations. Consumption is even lower among low-income communities.

Fourth, the association strongly supports maintaining the integrity of the Fresh Fruit and Vegetable Program (FFVP) as fresh only. While it is important that children receive fruits and vegetables in all forms, FFVP is unique in that it targets low-income children who may not otherwise receive fresh fruits and vegetables in their diets. The program also serves an important nutrition education component by exposing kids to fruits and vegetables in their fresh whole form. This popular program, when administered as fresh-only, increases consumption of all forms of fruits and vegetables by 15 percent but does not increase over all caloric intake. The program has also been shown to lower obesity rates among some participants.

Fifth, we are concerned about the House language that attempts to consolidate and cut funding for nutrition education. While we agree it is important that nutrition education programs are used effectively and efficiently, the SNAP-ed budget is already insufficient to meet current need. The proposed House language consolidates SNAP-Ed and the Expanded Food and Nutrition Education Program (EFNEP), changes eligible institutions, and moves the program under the auspices of the National Institute for Food and Agriculture (NIFA). These changes could disrupt services and potentially reduce access in parts of the country. The Senate language takes a commonsense approach to better coordinate SNAP-Ed and EFNEP while insuring that funding and services are not cut and that both programs (which have very different scopes of work) maintain their autonomy.

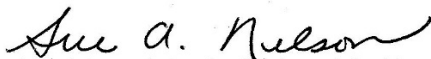
Sixth, the association supports efforts to strengthen and expand Electronic Benefits Transfer (EBT) systems. Expanding and allowing greater flexibility for EBT use at farmers markets and other non-traditional retailers and addressing outage and system incompatibility issues where EBT is accepted will help SNAP participants use their benefits when and where they shop.

Finally, we are concerned about the lack of policy focused on improving diet quality in either bill. While their dietary profile is similar to those of low-income Americans overall, SNAP participants consume 39 percent fewer whole grains and 46 percent more red meat than non-SNAP beneficiaries and women participants consume 61 percent more sugary beverages. In addition, the quality of food purchases declines considerably at the end of the month when benefits are exhausted. While policies to increase incentives and fruit and vegetable consumption are important, more needs to be done to help improve the quality of American diets.

We support the inclusion of two policies from the House bill that represent small – but important – steps to address diet quality. These provisions include updating the Thrifty Food Plan (TFP) every five years and collecting purchase data from retail stores. Regular TFP updates would align this program with the Dietary Guidelines for Americans and ensure that it reflects current economic conditions. The current TFP levels are based on the 1997-2005 Dietary Reference Intakes, the 2005 Dietary Guidelines for Americans, 2001-2002 food price data (though updated by with the current Consumer Price Index), and the 2005 MyPyramid – an initiative that no longer exists. Data on SNAP beneficiaries retail purchases are limited and the U.S. Department of Agriculture (USDA) does not have access to that data. This information would be valuable in informing future policies aimed at improving diet quality and strengthening SNAP benefits.

The American Heart Association stands ready to work with you as the conference moves forward. If you have any questions or need further information, please contact Kristy Anderson, Senior Government Relations Advisor at 202-785-7927 or kristy.anderson@heart.org.

Sincerely,

A handwritten signature in cursive script that reads "Sue A. Nelson". The signature is written in black ink on a white background.

Sue Nelson
Vice President, Federal Advocacy