

July 28, 2020

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, D.C. 20510

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The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, D.C. 20510

Dear Majority Leader McConnell and Minority Leader Schumer:

Representing more than 107,000 registered dietitian nutritionists, nutrition and dietetic technicians, registered, and advanced-degree nutritionist researchers, the Academy of Nutrition and Dietetics 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 across the lifecycle.

The Academy is particularly concerned by the disproportionate impact that the COVID-19 pandemic has had on minority and marginalized communities, which have long faced chronic disease health disparities due to socioeconomic inequalities, barriers to education, systemic racism, insufficient access to health care, and limited access to healthful foods and safe places to be active. The COVID-19 pandemic has amplified these disparities. We urge the Senate to support key nutrition provisions in the next stimulus bill to address some of the factors that contribute to these disparities including:

1. Invest in the Supplemental Nutrition Assistance Program

- Boost the maximum SNAP benefit by 15 percent
- Increase the monthly minimum SNAP benefit from \$16 to \$30

Research demonstrates that SNAP reduces health care utilization and costs. On average, low-income adults participating in SNAP incurred health care costs nearly 25 percent lower over a 12-month period, 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. It increases the probability of self-reporting "excellent" or "good health," lowers the risk of poor glucose control for people with diabetes and has a protective effect on mental health. SNAP also helps reduce

stress for struggling individuals and families worried about finances, which is significant given the high correlation of stress with poor health outcomes.

Lastly, SNAP households typically spend their monthly benefits quickly. SNAP is an effective stimulus in providing quick support to local economies, with every dollar in SNAP benefits helping to generate more than \$1.70 in economic activity.

2. Invest in Recovery Efforts for School Nutrition and Child Care Programs

- Provide emergency relief funds to school nutrition and child care programs to account for the maintenance of staff and benefit expenditures incurred during school closures, despite a significant decrease in revenue from lower meal participation

School nutrition programs and Child and Adult Care Food Program child care centers rely on reimbursement from meal service to pay for expenses. During COVID-19 school and business closures, many of these institutions maintained or incurred more expenses than normal while seeing a significant decrease in revenues from lower meal participation. This unanticipated loss of revenue has forced programs to tap into fund balances and draw upon lines of credit. In order to sustain these essential feeding programs while protecting jobs – many held by Academy members – and precious education resources, funding must be provided to make programs financially solvent and to maintain the integrity of essential food security programs as the recovery process begins.

3. Support Obesity Treatment Efforts

- Include the Treat and Reduce Obesity Act (S. 595) to improve access to obesity care

Obesity is the second greatest risk factor, after older age, for hospitalization among COVID-19 patients. The pandemic has been particularly devastating for minority communities that experience substantially higher rates of obesity and diabetes due to reduced access to health care, healthful foods and safe opportunities to be active. Yet older adults have limited treatment options for obesity. The bipartisan Treat and Reduce Obesity Act (S. 595) would improve Medicare beneficiaries' access to health care providers that are best suited to provide intensive behavioral therapy and by allowing Medicare Part D to cover FDA-approved anti-obesity medications.

4. Investment in Helping Minority Students Become Allied Health Professionals

- Provide \$300 million in targeted Department of Education funding for Historically Black Colleges and Universities, Tribal Colleges and Universities, and other minority serving institutions to strengthen and grow their allied health education programs, including in nutrition and dietetics
- Provide \$10 million in outreach funding to encourage underrepresented racial/ethnic students to pursue careers in nutrition

Cultural competency and relatability are often the touchstones of success for engaging patients and clients and motivating them to change dietary patterns. The National Academy of Medicine's report, "Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care," recommended increasing the proportion of health professionals from underrepresented racial and ethnic minority groups. In particular, African Americans and Hispanics account for only 2 percent and 3 percent of registered dietitian nutritionists, respectively. This is especially concerning given the prevalence of diet-related diseases in minority populations. The low numbers of minority dietitians reflect a lack of adequate resources to diversify the field.

We appreciate your support of these priorities.

Sincerely,

A handwritten signature in black ink that reads "Jeanne Blankenship, MS RDN". The signature is written in a cursive, flowing style.

Jeanne Blankenship, MS RDN

Vice President

Policy Initiatives and Advocacy

Academy of Nutrition and Dietetics