

April 2, 2019

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National Advocates for Asian
American, Native Hawaiian &
Pacific Islander Health

Certification Policy Branch
SNAP Program Development Division
Food and Nutrition Service, USDA
3101 Park Center Drive
Alexandria, Virginia 22302

RE: Proposed Rule: Supplemental Nutrition Assistance Program (SNAP):
Requirements for Able-Bodied Adults without Dependents RIN 0584-AE57

Dear Certification Policy Branch:

Thank you for the opportunity to comment in opposition to United States Department of Agriculture (USDA) Proposed Rulemaking on Supplemental Nutrition Assistance Program (SNAP) requirements and services for some adult SNAP participants without diagnosed disabilities or dependents in the household, referred to in SNAP as Able-Bodied Adults Without Dependents (ABAWDs). We are deeply concerned that the proposed changes would cause serious harm to Asian American, Native Hawaiian and Pacific Islander individuals and families.

With more than 150 community-based organization (CBO) partners in 28 states and territories, APIAHF provides a voice in the nation's capital for Asian American (AA), Native Hawaiian and Pacific Islander (NHPI) communities, who comprise the fastest growing racial and ethnic groups in the country. APIAHF works toward health equity and health justice for all communities. Many of our partners work directly on combatting hunger, by helping their community members sign up for SNAP or learn how to cook healthy meals. We know that health and hunger, wellness and nutrition, are closely tied and linked to economic prosperity. This is why we urge the Agency to reverse the proposed policies in this rule.

SNAP Matters for Health

Access to healthy food is a critical aspect of health: extensive research has found that food insecurity is associated with poorer health outcomes.¹ Food insecurity is associated with higher rates of some of the most serious and costly chronic conditions, including hypertension, coronary heart disease, cancer, asthma, diabetes, and other serious health conditions. AAs are 25 percent more likely to be diagnosed with diabetes than Whites, while Native Hawaiians and Pacific

¹ World Health Organization, <https://www.who.int/hia/evidence/doh/en/index3.html>, see also Craig Gundersen and James P. Ziliak, "Food Insecurity and Health Outcomes," *Health Affairs*, November 2015, <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0645>.

Islanders are 3 times more likely.² And certain subgroups are even more likely.³ Adults who experience food insecurity are also more likely to report lower health status overall than those with high food security.⁴

SNAP is the primary source of nutrition assistance for many low-income people. In a typical month of 2017, SNAP helped about 42 million low-income Americans afford a nutritious diet. It provides important nutritional support for low-wage working families, low-income seniors, and people with disabilities living on fixed incomes. Close to 70 percent of SNAP participants are in families with children, and more than one-quarter are in households with seniors or people with disabilities.⁵ Research shows that SNAP reduces poverty and food insecurity, and that over the long-term, these impacts lead to improved health and economic outcomes, especially for those who receive SNAP as children.⁶ Some Asian subgroups have rates of food insecurity as high as 16 percent.⁷

Federal law limits SNAP eligibility for childless unemployed and underemployed adults age 18-50 (except for those who are exempt) to just three months out of every three years unless they can maintain an average of 20 hours of employment per week. This time limit harms vulnerable people by denying them food benefits at a time when they most need it and it does not result in a significant increase in employment or earnings.⁸ The complex nature of these limits may be particularly

² "Native Hawaiian and Pacific Islander Health Disparities," Asian & Pacific Islander American Health Forum, August, 2010, https://www.apiahf.org/wp-content/uploads/2011/02/NHPI_Report08a_2010-1.pdf.

³ Kwon SC, Rideout C, Patel S, et al. Improving Access to Healthy Foods for Asian Americans, Native Hawaiians, and Pacific Islanders: Lessons Learned from the STRIVE Program. *J Health Care Poor Underserved*. 2015;26(2 Suppl):116–136.

⁴ Christian A. Gregory and Alisha Coleman-Jenson, "Food Insecurity, Chronic Disease, and Health Among Working-Age Adults," United States Department of Agriculture, July 2017, <https://nopren.org/wp-content/uploads/2017/08/ERS-Report-Food-Insecurity-Chronic-Disease-and-Health-Among-Working-Age-Adults.pdf>.

⁵ Steven Carlson and Brynne Keith-Jennings, "SNAP is Linked with Improved Nutritional Outcomes and Lower Health Care Costs," Center on Budget and Policy Priorities, January 17, 2018, <https://www.cbpp.org/research/food-assistance/snap-is-linked-with-improved-nutritional-outcomes-and-lower-health-care>.

⁶ Center on Budget and Policy Priorities, "Chart Book: SNAP Helps Struggling Families Put Food on the Table," February 14, 2018, <https://www.cbpp.org/research/food-assistance/chart-book-snap-helps-struggling-families-put-food-on-the-table>.

⁷ Becerra MB, Mshigeni SK, Becerra BJ. The Overlooked Burden of Food Insecurity among Asian Americans: Results from the California Health Interview Survey. *Int J Environ Res Public Health*. 2018;15(8):1684. Published 2018 Aug 7.

⁸ A 2002 study that looked at recipients after leaving SNAP found that while many were employed, they had low earnings, and between one-third and roughly two-thirds of SNAP leavers had household incomes below the poverty line. (This study did not examine the effects of the time limit on employment.) See Elizabeth M. Dagata, "Assessing the Self-Sufficiency of Food Stamp Leavers," Economic Research Service, USDA, September 2002, <https://www.ers.usda.gov/publications/pub-details/?pubid=46645>. More recent research finds small increases in employment, but much larger decreases in SNAP participation. For example, one recent working paper found that the time limit increased work by 2 percentage points, but decreased participation by 10 percentage points. (Timothy Harris, "Do SNAP Work Requirements

harmful to the 28.8 percent of Asian Americans that are Limited English Proficient (LEP), meaning they speak English less than very well.⁹

The Proposed Rule Could Harm People with Serious Health Conditions

The proposed rule would limit states' flexibility to mitigate the harmful effects of the existing time limit. Without this flexibility, it is likely that many people could lose access to nutrition assistance. For people with serious health conditions, limiting access to nutrition assistance could have serious repercussions for their health. We know from experience that AAs and NHPIs already face barriers to accessing healthy food. In 2011-2012, we worked with community based organizations through a CDC grant to address chronic diseases using tools like improved access to farmer's markets and more affordable fruits and vegetables.¹⁰ Trends like inability to access healthy foods their families may have eaten in their countries of origin, language barriers or cultural norms contribute to limited access to nutritional food in AA and NHPI communities. Taking away a known and important option that makes healthy but expensive food options more viable will only exacerbate the chronic disease disparities we work to end.

Under current regulations, states can request a waiver of the time limit for areas within the state that have 10 percent or higher unemployment rates or, based on other economic indicators, have a "lack of sufficient jobs." In addition, states have discretion to exempt a limited number of individuals from the time limit. Each state has its own conditions and communities that only local policymakers and community members know best.

The proposed rule would make it harder for areas with elevated unemployment rates to qualify for waivers by setting a 7 percent unemployment rate floor as a condition and eliminating other useful ways in which a state can demonstrate a lack of sufficient jobs for this group of SNAP participants. As a result, states would be unable to request waivers for some areas where unemployed adults cannot find work.

Limiting access to nutrition assistance could be particularly harmful for people with significant health care needs, such as diabetes or hypertension, who may also have trouble maintaining their health while keeping a job. Many people turn to public assistance programs because they face significant health or family challenges that limit their ability to work or reduce their ability to compete for a limited supply of jobs. Physical and mental health conditions that impede an individual's ability to work or limit the amount or kind of work they can maintain

Work?" Upjohn Institute Working Paper, 19-297,
https://research.upjohn.org/cgi/viewcontent.cgi?article=1315&context=up_workingpapers.)

⁹ APIAHF analysis of American Community Survey data, 2017 one year estimates.

¹⁰ Kwon SC, Rideout C, Patel S, et al. Improving Access to Healthy Foods for Asian Americans, Native Hawaiians, and Pacific Islanders: Lessons Learned from the STRIVE Program. *J Health Care Poor Underserved*. 2015;26(2 Suppl):116-136.

are much more common among people who receive public benefits than among the general population, research shows.¹¹ Taking access to nutrition assistance away from people with serious health conditions could negatively affect their health, which could make it even more difficult for them to maintain employment.

We strongly oppose the proposed rule that would threaten nutrition assistance for many more low-income people by limiting state flexibility to implement area waivers and exempt individuals. By the Department's own calculations, the proposed rule would take food away from 755,000 low-income Americans, cutting food benefits by \$15 billion over ten years. The Department does not estimate any improvements in health or employment among the affected population and simply concludes that two-thirds of those individuals made newly subject to the time limit "would not meet the requirements for failure to engage meaningfully in work or work training."

The Proposed Rule Is Likely to Have a Disparate Racial Impact

As a racial equity organization, focused on ending health disparities, we are deeply concerned that this rule would compound existing barriers to healthy lives. People of color face significant disparities in access to and utilization of health care, and often fare worse than white people on measures of health status and health outcomes.¹² People of color also have higher unemployment rates than white adults.¹³ Similarly, cutting access to benefits has been shown to predominately hurt people of color.¹⁴

In the Notice of Proposed Rulemaking, the Department concedes that the proposed changes "have the potential for disparately impacting certain protected groups." But the Department does not provide an explanation of the mitigation strategies and monitoring it claims will lessen these impacts, so there is no opportunity for us to comment on whether the acknowledged disparate impact will in fact be mitigated. In fact, considering existing challenges and needs in data collection, it is highly likely that disparities would be masked or undiscovered.¹⁵ If the proposed rule results in higher rates of people of color losing SNAP

¹¹ Pamela L. Loprest and Elaine Maag, "Disabilities among TANF Recipients: Evidence from the NHIS," Urban Institute, May 2009, <http://www.urban.org/research/publication/disabilities-among-tanf-recipients-evidence-nhis>.

¹² Samantha Artiga *et al.*, "Key Facts on Health and Health care By Race and Ethnicity," Kaiser Family Foundation, June 07, 2016, <https://www.kff.org/disparities-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity/>.

¹³ Bureau of Labor Statistics, Unemployment rates by age, sex, race, and Hispanic or Latino ethnicity, https://www.bls.gov/web/empsit/cpsee_e16.htm.

¹⁴ Simms, Margaret and Kilolo Kijakazi, "Structural racism places the burden of proposed budget cuts on people of color," Urban Institute, March 20, 2017, <https://www.urban.org/urban-wire/structural-racism-places-burden-proposed-budget-cuts-people-color>.

¹⁵ "Making the Case for Data Disaggregation to Advance a Culture of Health," PolicyLink, www.policylink.org/our-work/community/health-equity/data-disaggregation.

benefits, this could exacerbate existing racial and ethnic disparities in health status.

Thank you for the opportunity to comment on this proposed rule. Please do not hesitate to contact Ben D'Avanzo, Senior Policy Analyst (bdavanzo@apiahf.org), if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathy Ko Chin', followed by a horizontal line extending to the right.

Kathy Ko Chin

President & CEO

Asian & Pacific Islander American Health Forum