



November 5, 2007

TO: Senate Committee on Agriculture, Nutrition and Forestry

FROM: The Society for Nutrition Education

SUBJECT: SNE does NOT support adding dietary supplements to Food Stamp benefits

The Society for Nutrition Education (SNE) commends you for your interest and support for nutrition and your steadfast promotion of programs to improve health and nutrition in the United States. We thank you for your strong support of nutrition programs in the 2007 Farm Bill.

**SNE's concerns:** SNE is concerned with some specific language within the Nutrition Title, Sec. 4402, Accessory Food Items, which would allow people to buy dietary supplements with food stamp (or food and nutrition program) benefits :

*“This section amends section 9(a) of the Food Stamp Act (7 U.S.C. 2018(a)) to require the Secretary of Agriculture to issue regulations providing that a dietary supplement may be considered an accessory food item provided that a) it is a supplement providing calcium and folic acid in accordance with existing Food and Drug Administration qualified health claims and b) it is a multivitamin that provides at least two-thirds of the essential vitamins and minerals at 100 percent of daily value as determined by the Food and Drug Administration and also does not exceed the daily upper limit for nutrients for which a daily upper limit has been established by the Institute of Medicine of the National Academy of Sciences.”*

Reasons for our concerns:

**Dilution of thinly-stretched Food Stamp Program resources.**

The purchasing power of food stamps has been seriously eroded so that the average Food Stamp benefit nationwide in 2007 is only \$1.05 per person per meal, making it nearly impossible for a Food Stamp household to buy even a minimally adequate diet. Diverting part of this minimal benefit to supplements would not only increase program complexity and administrative costs to the Federal and State government, but it would also further erode the ability of Food Stamps to fulfill their essential purpose - - to serve as the first line of defense against hunger by enabling low-income families to buy nutritious food.

**Lack of evidence that multivitamin/mineral supplements reduce chronic disease risk.**

Nutrient deficiencies are relatively rare in the United States. Our major health issues are chronic diseases such as heart disease, diabetes and cancer. While these diseases definitely have a connection with foods people choose to eat, an independent State-of-the-Science Panel from the National Institutes of Health Office of Dietary Supplements in 2006, assessed safety and effectiveness of multivitamin/minerals and concluded that “more rigorous scientific research is needed before strong recommendations can be made regarding multivitamin/minerals use to prevent chronic diseases.” In addition, the panel identified several possible risks associated with over consumption of certain nutrients. For more information on this important report, see <http://consensus.nih.gov/2006/2006MultivitaminMineralSOS028main.htm>.

The concerns of this NIH panel were confirmed by a recent report in the Journal of the American Medical Association which reported no detectable health benefits of antioxidant nutrients taken in the form of supplements (see <http://jama.ama-assn.org/cgi/content/abstract/297/8/842>).

**Contradiction with basic premise of the U.S. Dietary Guidelines for Americans.**

A basic premise of the *Dietary Guidelines* is that “nutrient needs should be met primarily through consuming foods.” Foods provide an array of nutrients and other compounds (such as phytochemicals, antioxidants, etc) that have beneficial effects on health, many of which may not even have been identified. Current science does not fully understand how these nutrients and compounds are dispersed and interact in foods to maintain and improve health. These same benefits cannot be achieved with supplements. In some cases, fortified foods may be useful sources of one or more nutrients that people may not adequately consume. Supplements may be useful when they fill a specific identified nutrient gap that is not being met by the individual's intake of food. However, nutrient supplements cannot replace a healthful diet. Individuals who are already consuming the recommended amount of a nutrient in food will not achieve any additional health benefit if they also take the nutrient as a supplement.

**Who is SNE?** SNE is an international organization of over 1,100 nutrition education professionals dedicated to promoting healthful, sustainable food choices and sharing a vision of healthy people in healthy communities. Our members conduct research in education, behavior, and communication; develop and disseminate innovative nutrition education strategies; and communicate information of food, nutrition and health issues to students, professionals, policy makers, and the public. Articles describing this work can be found in SNE's peer-reviewed *Journal of Nutrition Education and Behavior* and SNE's website: [www.sne.org](http://www.sne.org).

Thank you for being concerned about addressing the nutritional inadequacies that are prevalent in the US today. But, we urge you to give serious consideration to our concerns and work toward a more proactive approach to addressing these nutritional inadequacies. Examples of initiatives that we believe would have more positive effects on health and nutrition, some of which are already proposed in the 2007 Farm Bill, include:

- Create and fund incentives for food purchases consistent with the Dietary Guidelines for Americans (e.g., fruits, vegetables, whole grains, low-fat sources of calcium).
- Remove the barriers that working poor face when they apply for food assistance and simplify the application process.
- Put greater emphasis on outreach and marketing of the Food Stamp Program and other food assistance programs.
- Improve and expand the use of wireless technology so that electronic benefit transfer (EBT) customers can use food assistance dollars at farmers' markets, farm stands, and community supported farms.
- Expand and improve nutrition education, especially for low income populations, to support community based solutions to obesity and food insecurity.

Thank you for your support of nutrition programs and for considering the concerns and recommendations of the Society for Nutrition Education.

Sincerely,



Debrah M. Palmer, PhD  
SNE President