

2012

Soda Consumption Among Food Insecure Households with Children: A Call to Restructure Food Assistance Policy

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Recommended Citation

Hernandez, Daphne C. (2012) "Soda Consumption Among Food Insecure Households with Children: A Call to Restructure Food Assistance Policy," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 3 : Iss. 1 , Article 16.
Available at: <http://digitalcommons.library.tmc.edu/childrenatrisk/vol3/iss1/16>

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Food insecurity is the inability to access food because of insufficient money or resources,¹ while obesity is the consequence of over-consuming food. While both concepts may seem paradoxical, these two nutritional problems co-exist.²⁻⁴ Despite the lack of a direct relationship between food insecurity and childhood obesity,^{5,6} the prevalence rates of overweight are high among food insecure households with children.^{5,7} Several studies have suggested that there are additional family and household factors that may be influencing the prevalence rates of childhood overweight and obesity among food insecure households,⁸⁻¹⁰ including dietary quality.¹¹ From a public health perspective, focusing on dietary quality in food insecure households is an important step in reducing the obesity rates among children in these households.

While Dave and Cullen do not examine the association between food insecurity and children's weight status,¹¹ their work highlights the importance of focusing on the dietary intake of households with food insecure children. The main results from Dave and Cullen's work indicate that the nutrient and dietary food group intake between low food secure children and very low food secure children does not differ, contrary to the results of previous work.¹² But the results also highlight a great concern: children are consuming excessive amounts of sugar-sweetened beverages (SSB).

The Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamp Program) is the largest federally-funded food assistance program, with a high percentage of participation among food insecure households with children. As the reauthorization of SNAP approaches in 2012, it is time to reconsider whether SNAP should be restructured to align public funds with public health concerns regarding childhood obesity and obesity-related illnesses. Currently, beneficiaries of SNAP are not allowed to purchase some products that adversely influence their health, such as alcohol and tobacco; however, they may purchase SSB, such as soda. Soda has no nutritional value and has been linked to excessive weight gain¹³⁻¹⁵ as a result of the poor satiating properties of sugar in liquid form.¹⁶ In addition, soda has been associated with obesity-related diseases such as diabetes and heart disease,¹⁷⁻¹⁹ which are more prevalent among low-income individuals compared to higher-income individuals.²⁰⁻²² The relatively inexpensive cost of soda, compared to milk

and juice, makes it fiscally manageable for low-income households to purchase. The sugary taste makes it more palatable than water and has been suggested to alter food preferences among children who consistently consume SSB, resulting in these children finding less sweet food, such as vegetables and fruit, less palatable.¹⁶ Thus, excessive consumption of SSB, such as soda, contributes to poor dietary quality.

Several states, including Minnesota, New York, Texas, and most recently Florida, have requested waivers from Congress or the USDA to prohibit the purchase of soda with SNAP benefits; Florida is currently applying for the waiver, but all requests made by other states have been previously denied. The American Beverage Association, the governing body of the non-alcoholic beverage industry, naturally opposes the idea of banning soda from being purchased with SNAP funds.^{23,24} It is estimated that \$4 billion in SNAP funds is spent every year on soda,²⁵ which equates to a sizable profit for the beverage industry. There is also concern that imposing a ban on soda would stigmatize participants of the SNAP program. However, the greater concern should be the health disparities to which that SNAP-funded consumption of SSB, such as soda, is contributing. The cost of treating heart disease, diabetes, and obesity falls upon taxpayers. It is estimated that Medicaid and Medicare finance half of obesity-related medical costs.²⁶ Prohibiting the purchase of soda with SNAP benefits provides an opportunity to reduce the obesity-related medical costs that are placed on taxpayers each year.

Continuing the use of taxpayer dollars to fund the purchase of soda through SNAP undermines the goal of SNAP. Previous research has indicated that reducing the consumption of SSB may help to reduce excess weight gain,²⁷ obesity,^{27,28} and development of diabetes.^{28,29} Although banning soda from SNAP purchases will not cure the childhood obesity epidemic, placing a restriction on soda, along with the use of other obesity prevention strategies, may help lower the prevalence rates of childhood obesity, benefiting all of society.

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