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Lizzy: Hi, I'm Lizzy Ghedi-Ehrlich.

Avigail: And I'm Avigail Oren.

Lizzy: And we're your hosts for Scholar Strategy Network's No Jargon. Every other week, we discuss an American policy problem with one of the nation's top researchers without using jargon.

Avigail: So Lizzy, usually we use this banter time when, you know, to introduce episodes to talk about the policy issue. That is relevant to that week's episode. But I'm gonna take a little departure here because while SSN is about policy, SSN is also about relationships.

So this week, your guest, I have known since I was 22 years old when he and I both worked together at the Albert Einstein College of Medicine. And both of our careers have taken loop-de-loops and twists and turns over time. And we, you know, have been in and out of touch. He became an SSN member a few months ago and we reconnected. And it's just such a reminder to me that all of our power comes from our relationships. I shouldn't say all, certainly expertise is very powerful, but the people we know and the bonds between us are very, very powerful. And for a lot of our members, publicly engaged work and community-based work and thinking about their work in terms of broader society has been important since very, very early on in their careers, which I can attest to from having known your guest for a very long time.

Lizzy: Well, that is such an interesting reveal that adds even more color to the conversation that I, that I just had. And I suppose my reveal is that, you know, we here at SSN are not, by and large, most of us are not scholars in our own right. We're people who speak to these experts all the time. What I had not disclosed to our guest or to our producers this topic that we're about to discuss is of high interest and salience to me. And it's a bit of a hot button issue for those of us who treat it that way. And so, you know, coming into this conversation, there was a part of me where I was like, oh, I really hope that I can bring my full curious self to this guest. And I decided that I really could trust our members because of what you said. They're scholars and they're going to follow the evidence.

I come into every conversation assuming that they're going to understand whatever nuance I or anyone else could bring to it, and they're going to be right there with me in terms of laying that out for our readers and following me down those curious paths. And that is absolutely the experience that I had today. And for people who are listening to us now and going, what is the topic?

Avigail: Who is this person?

Lizzy: So we spoke about nutrition, about processed and ultra-processed foods and the science that's going on right now to try to kind of determine what is going on with nutrition and the effects of our food systems and food policy in America. And how are especially federal-level policies that can affect both what food is, how it's marketed, what's available, what it costs. And also, what kind of support are people getting to access it, to buy food, to be educated around it at all levels of income in all the different states? It's huge. Whether or not this is a topic of interest for you, if you're listening to this podcast, you eat food. So we're all implicated here. There truly is something for everyone. And it was a very nuanced conversation.

And I am so pleased that I was able to have that conversation with Pasquale Rummo, who is an associate professor at New York University's Grossman School of Medicine in the Department of Population Health. And his research has focused on the role of healthy eating strategies in promoting healthy diet. Yes, we will unpack like some of what that even means and looks like, with a particular interest in advocating for sustainable policies that support quality food systems and that show how those systems are acting and interacting on different communities to move us all towards some kind of food food equality. So here's our conversation.

Professor Rummo, welcome to No Jargon.

Pasquale: Hello. Thank you for having me.

Lizzy: And we're having you at quite a moment for what you study. This is where nutrition policy and food policy is always happening, but it's really in the spotlight right now, and especially at a time when, boy, there's so much going on policy-wise. I'm very excited to talk to an expert about it. Because we need some science here. And I'm really curious about some of the things that you do and explaining it to our listeners.

So we've got some new centers of nutrition and food policy going on at the federal government level. We know that RFK Jr., a figure who has long been focused on the food industry, on Americans' diets and individual food choices, is now in charge of the Health and Human Services Department, which guides so much of our nutritional policy, food policy, agriculture. Like there's all these things kind of happening at a very high level, high up together. And now it's no longer opinion. It's opinion and science presumably that's driving the creation of policies that are having a lot of different effects. And those effects are probably looking really different depending on who you are. And so that's what we want to dig into.

You have a perspective as obviously you're a person who eats food like we all are, but you're also as a nutrition policy researcher, you have a different kind of overview of a lot of this and specifically because you study population-level health. And I know that population-level versus individual health and individual choices are something that I think a lot of people kind of struggle to knit together. Given that opener, help me situate this conversation. Like, what do you make of this moment in the national conversation about food and nutrition and these policies, and we'll go from there.

Pasquale: Sure. Of course. I think I'll go even wider a little bit, which is to unpack that population health comment because you said people struggle with it and I struggle to even talk to my parents about it to explain what I do, right? So it's like physicians and clinicians and other people in the health field treat and deal with and prevent disease for individuals. And then on my side, we're treating populations. We are preventing disease in populations. So it's working at a population level.

And I think a great example of that is policy. So when you pass a policy, it affects a lot of different individuals all at once. And there's federal policy, there's state policy, and there's more local policy. You're passing policies or running programs that will affect a large group of people at once. And so it's taking the perspective of treating lots of different people all at once versus one person at a time. And so then we have nutrition policy, like you said, and it is a really interesting time.

I think the expression that I use to describe this moment is that the Make America Healthy Again, which I'll probably refer to going forward as MAHA, the MAHA movement, a lot of it does align with the core principles and good policy of public health and population health. There's a lot in what they want to do that I think is good. And there's a lot of stuff that I don't think is good. And there's a lot of opportunity for positive change here, but I think that we are all struggling with it. I think there's a lot that's not going well either.

Lizzy: My immediate next question, which is still pretty big, you're seeing some things that you're like, these policy proposals track with what scientists are seeing, things that could actually create positive change and increase good health outcomes potentially. And then you're seeing other policies that you're like, eh, no. Tell it, give us some examples on both sides and let's see if we can figure out where the difference lies. What is the coherency within the MAHA movement that is maybe incoherent from a more empirical or science-based perspective that you have?

Pasquale: Yeah, I think I would start by looking at it by applying two lenses, looking at this in two different ways. One is that there's policy that is quote unquote good or positive for health in and of itself. And then there's policy that might produce bad outcomes for health within those two buckets. Or like if we go to the first bucket of good policy, there's the way that it's being written and the way that it's being implemented that also has the potential to be good or bad. So there's good policy and then there's good implementation and good execution of that policy.

You know, one good policy, for example, would be to regulate additives and synthetic ingredients in the food that we eat. And then there's what we're doing about it and what they want to do about it and what they're actually doing about it. And then an example of bad policy is a lot of what's happening related to the SNAP program.

So SNAP is the Supplemental Nutrition Assistance Program. It used to be called food stamps. A quick explanation for the audience is that this is basically a form of money that can be only used to pay for food, and it's administered by the government to people who qualify for it. So there's a

formula at work here that's state-specific, and they let you know you qualify for this program, and we're going to give you X number of dollars to spend on food to help you not go hungry that month. So it's based on the principle that no family or person should be hungry. Much of what's being done to the SNAP program or proposed to be changed about it is, I would put it in the quote unquote bad camp.

Lizzy: So, you know, a large focus of your research is kind of looking at the ways that nutrition and nutrition policy affects people inequitably. So you look maybe at different populations that are experiencing different effects from nutrition and food policy and have different health outcomes and try to figure out maybe what are the causes of those things and how could policy potentially intervene on those causes. And part of that, and this is another hot button topic that I worry is becoming a broad public discourse and maybe losing some of the scientific basis that it needs to rest on, processed foods and ultra-processed foods. So you mentioned that part of the MAHA agenda that does seem attractive at this point is this idea of like certain food additives. There are some ingredients that science is saying this is maybe something that should not be consumed. That sounds kind of simple enough to me. When researchers use the term processed or ultra-processed, what does that mean?

Pasquale: Yes. So this is big and I'm delighted to talk about it. And I find it a fun opportunity to nerd out a little bit. First and foremost, there is not a solid consensus on this definition, or rather what definition to use. The most popular definition is called the NOVA classification system. And there's 4 tiers to it. And this is the one that has the most consensus. I'll also just say right at the outset that there are issues with it and people have very valid issues with this classification system and other definitions. I'll take a step back and define it first. Like you said, in more simple terms with this system, for example, there are 4 tiers. In that first tier, there's unprocessed foods or what they call minimally processed foods. So foods that do not undergo any type of modification, naturally occurring foods. So these are things like—

Lizzy: An apple.

Pasquale: Yes. So those are naturally occurring foods with no added salt, sugar, oils, fats, synthetic ingredients, et cetera. Other examples are milk, eggs, fish, beans, fresh or frozen fruit, et cetera. And then in group 2, we have processed culinary ingredients. Those are the things that you could add to unprocessed foods. Those would be vegetable oils, butter, vinegar, salt, culinary ingredients. So those are processed ingredients. And then group 3 is processed foods. A simple way of putting it is that it's a, it's a combination of group 1 and group 2. So these would be things like canned fruits and vegetables, salt added to nuts and seeds, salted, cured, or smoked meats, canned fish, et cetera.

Lizzy: And if you take a raw chicken breast from group 1 and then you cook it in olive oil, so that it's no longer raw and can be eaten, does that then become a tier 3 food?

Pasquale: It does. That's processed food. And no one is arguing that that is unhealthy or bad, etc. I use bad as shorthand for not causing disease or making other unhealthy outcomes. So

that's group 3. And then group 4 is ultra-processed foods. Those are the foods of interest for the MAHA movement and researchers. These are industrially created foods. And they're created with multiple ingredients and that include some from group 2, those culinary ingredients like salts and added fats, but also things like additives and synthetic ingredients to enhance the taste or make it more convenient to make those products. Those additives would be things like high fructose corn syrup, colored dyes, flavor enhancers, non-sugar sweeteners, and other processing aids. That would be a lot of jargon like stabilizers, bulking ingredients, et cetera.

The main problem that people have with the classification system and Group 4 in general is that it includes things like bagged bread that you would buy at the grocery store, some whole grains, things that are actually healthy or could be part of a healthy diet. But I mean, a vast majority of them are unhealthy. So these would be your candies, your ready-to-eat desserts, etc. But it's a broad category and some have additives and synthetic ingredients that are quote unquote bad for you and some don't. And so I think the research community is working on a way to make basically exceptions to that Group 4 category. So for the FDA to come in and say, here's Group 4, here's ultra-processed foods, but we make exceptions for these subgroups, these specific foods and food groups within this category.

Lizzy: And I immediately, I hear that and I think, what is the purpose of the categorization system if the only way it's useful is if we break its own rules, essentially, you know? And even hearing that, hearing those 4 categories, if I just let myself kind of gloss over it, it sounds sensible enough. Like, it's the 'I know it when I see it' situation. So you say, 'Here's an apple and here's a prepackaged sandwich cookie,' you know, no one would think that those— that you'd be able to name which one's the healthy one and which one's the unhealthy one.

But there's more to the story about, like, well, what is— what's the actual cause of the unhealth here? Can we isolate it? Like, maybe beyond sort of what I just, I know it when I see it principle, because I know when I see it is fine enough for everyday conversations, but for science and for policy, for law, that's where things get kind of tricky. And so the fact that even that like milk and yogurt are in that tier 1, I was like, well, please process my milk, you know, at least a little bit. Like actually the milk that we buy in a grocery store is pasteurized. And again, that's that process where it's simply, it's heated for a very short amount of time in order to kill pathogens. And to me, that's healthier than the actual— than the unprocessed version of milk.

So I struggle with then, okay, then how is it the processing that makes it bad? It sounded like you were making or on the precipice of making somewhat of a distinction between processing and like how much processing happens and processing that involves those additives. And then my question from that is, well, if that's the case, then why isn't the discourse about removing those ingredients rather than processing as that concept that sounds a lot trickier and needs exceptions in it?

Pasquale: I'll start with the first part of what you said, which is great. And I think what makes this difficult in general is that it's a nuanced conversation. And I think when people hear, for example, the term or the category of processed foods, they think processed is bad, and that's

sort of what you were alluding to. I think myself and other researchers would say that processing in and of itself is not bad or cannot be bad. So like you're saying, cooking chicken, pasteurizing milk, adding salt, flavor, etc., is not bad in and of itself. And in that group 3 category of processed foods, there's generally nothing bad about health for that.

The nuance here is the difference between processed food and ultra-processed food. I think what you're getting at too is a bit of a more philosophical question like, why are we talking about ultra-processed food versus just foods that are high in sugar, fat, and calories? And then also, you know, eating things with more or fewer calories, right? So a lot of these foods can be unhealthy in that way. And that's part of what ultra-processed foods are about. Part of the reason, a big part of the reason any ultra-processed food is bad, like candy or chips, et cetera, is because it might have a lot of saturated fat or be high in calories, et cetera.

What makes ultra-processed foods different above and beyond those nutrients and calories is the processing. And then the processing can take more than one form. So that's where a lot of that texture is. So you could be processed in the ways you were talking about in healthy ways like salt, oil, cooking ingredients, those group 3 foods. Then you could be processed in very unhealthy ways, which is a lot of the additives and synthetic ingredients that we don't want in our food. So there's, there's the type of things that you're using to process that are different and unique from just the nutrients and calories in a food.

In addition to that processing, there's the synthetic ingredients and additives we're talking about, like, you know, red dye, et cetera. And then there's the actual industrial processing of food. This is where it becomes a little bit more difficult and a little bit more beyond my ability to describe. But there are things that are done to candy and chips to make them what we call hyperpalatable, things that are really tasty and easy to absorb by your digestive system.

And so we know a lot, and this is not where my expertise is again, but there's a lot about ultra-processed foods that makes them addictive in the way that tobacco is addictive, for example. And we know a lot about that. And from more biochemical research, You know, I do policy, then there's the biochemists who look at the way these things affect your digestive system and your ability, for example, to absorb sugar and regulate your insulin. There are processes happening that are making chips, for example, dissolve on your tongue, or, you know, like a cheese ball dissolve on your tongue so that it's not activating your body's natural response to feeling full or feeling hungry. So they're bypassing that in a lot of ways that we still don't even understand. In a way, in ways that the manufacturers of these foods don't need to get approval for or test.

And so now we have a lot of food in our food supply that has both the ingredients in it that we don't know much about and are made in ways that we don't know much about that affect the way that we interact with that food.

Lizzy: I see that through a capitalist lens immediately. There's, if you are making chips and you want people to consume more of your chips at a time so that they run out of your chips faster,

faster and have to go buy more. If that additive is bad because it's hampering people's ability to make better food choices, that could be one way that it's bad. If it also turns out to be carcinogenic, you know, then that's a different kind of bad. That's kind of like, well, this ingredient is unhealthy in its own right. And then we wouldn't have to regulate the process. We would just have to say like, hey, that thing that you're putting in the food, don't put it in there anymore.

And I know that I want to give time to all the other ways that other policies affect people's choices, not just this. But as you can tell, I'm also sort of a wonk. I'm so curious about these things. And it is such an interesting area of science when everyone is really trying to figure out, like, what are the definitions we need to use and the things that we need to isolate to actually help people's health and not do something else. And clearly it is pretty complicated.

Pasquale: There's definitely stuff there I want to reflect on because I think there are several astute observations there. There's research that shows X and Y is harmful to health. Then there's a lack of research on other things. And so I want to separate those two. And start with what we know, which is that many of these foods, like specific foods, specific brands, specific types of foods, and then specific combinations of items in these foods can lead to bad health for two reasons. And you highlighted two of those reasons, two of the biggest reasons at least, which is that there's something different about the palatability of these foods. Palatability being like how tasty they are and how much you want to eat at any given point. And then how they affect your satiety response. So satiety is like how full do you feel? And those are both really closely related.

So like you're saying, some of these foods are being processed in a way that makes it easy for you to overconsume them without being able to self-regulate. And a lot of people describe their intake of these foods in similar terms as they describe being able to not quit smoking cigarettes or other drug use, like in ways that are— they feel addicted to these foods. So that makes ultra-processed foods unique. And we know that to be true. And there's science to back that up. And then there's specific ingredients that are unique, just the ingredients themselves, like red dye number 6, for example, that we know to be carcinogenic, that causes cancer. I think we can and should regulate those specific ingredients. So that's what we know.

What we don't know, and this is potentially a segue into some of my work, is how does a diet full of a complex and unique combination of these foods with other healthy foods affect one's health and how can we minimize their intake and to help people eat healthier. What we know a lot less about is how consumption of these foods in different degrees over different periods of time affect people's risk of certain diseases. And that's partly because it's difficult to study diet.

People are skeptical of epidemiological evidence. That's observational evidence. You can't, you know, it's unethical, for example, to put people in a lab and like, you only eat red dye number 6 and you over here don't eat it. Like, that's unethical, right? It's hard to study diet in general. So people are skeptical of the evidence and it's hard because we haven't been measuring it very long. We're building up the evidence base now to say, how is the quality of one's diet when you

eat this much of ultra-processed foods and in this combination with other types of ultra-processed foods? It's just hard to study that. But that's separate from knowing that these foods are harmful because they're addictive and they contain specific ingredients that cause cancer, etc.

Lizzy: We're knitting kind of a very downstream perspective. There's a consumer, there's someone who's going to buy food. They go into a grocery store, they have various options. And then there's that kind of upstream policy space where people who study nutrition and health are ideally working with policymakers to say, you know, before we get to that choice space? What are some things that maybe should be removed from the choice matrix that we're making there? We all are making our individual level choices, but we have to recognize that policy shapes those choices. And so some people's choice array is going to be different from others. And SNAP policy that we discussed, that is one of those ways that people who don't use that program might not be considering how it's shaping the nutritional choices of people who do. And especially now, because those are some of the changes that we're seeing to that policy that, as you said, was really meant to support low-income people who didn't have enough money to buy food. We want to make sure they can buy food so that they're not food insecure. So what are we seeing about SNAP policy changes? How are they relating to this conversation around nutrition?

Pasquale: Great questions. I want to zoom out even a little bit more, or maybe like start by tackling it from a little bit of a different angle, because it's complicated. Of course, there's the one dynamic you just highlighted is that there's individual choice, and then there's the environment that we navigate. You can tell someone to mostly eat unprocessed food, eat healthy, but then you have somebody who can't afford to do that or can't access that, or that food is not available. The idea is that you want to help support somebody in making healthy choices.

Like, that's why I entered this field and why I do the work that I do, because to me, very early on, you know, I had a personal relationship to this too. Like, you realize that it's not just about individual choice and personal responsibility. Everybody is navigating different environments and it's shaped by policy. It's shaped by marketing influences.

And this is where I wanted to pull in the food supply. The SNAP program has been around forever. People have been at different income levels forever and needed support in buying healthy foods forever. What has fundamentally changed over the past 30 years and more is the food supply itself. Whereas you might be able to, like, here's the food supply and you can afford, you know, this much or this much. But it's still a generally a relatively healthier food supply. Now you're saying you can afford this or that, but now you're, the food supply is, you know, over 70% of items in a grocery store are ultra-processed foods. The supply of healthy foods is much lower. And so you not only can't you afford them, but your options are so much more limited, even for people with high income, right? It's difficult to identify or access healthy foods.

So I think what has changed and what needs to change first and foremost is the food supply itself. So this is about regulating what's in the food supply and how affordable and available healthy foods are. This is the core part of my research, which is like, how do we make it easier for people to eat healthier in an environment that really wants you to eat unhealthy? You know, it's expensive and it's ubiquitous and it's confusing. It's confusing to tell what is unhealthy. There's so much unhealthy items and so few healthy items in your stores, and it's really hard to afford them, right? And so our policy approaches are about tackling all of these factors that are outside of our individual control.

So I'll just rattle off examples and we can dive into any one example. But, you know, I study things like warning labels, like if we know these are ultra-processed foods, it's about— well, I should say nutrition labels because there's different types of labels. There's ones that would be informational. This is a food that has been processed. Or this is a food with red dye number 6, or it's a warning label that says like, this is an ultra-processed food. You should eat less of it because it contributes to disease. It conveys a message, a warning about what this food could do for you.

So in New York City, for example, where I am now, we have a sodium warning label policy and an added sugar warning label policy. We are the one and only city in the country actually that has a warning label. And this is for restaurants. Where you go into a restaurant and if an item has over 50 grams of added sugar, you're going to see an icon next to it that says, this item exceeds your daily limits of added sugar. So that's an example of a warning policy. And that's an example of something that I study. So right now we're collecting data to look at whether that actually shapes or changes what people buy. And that's, that's really cool.

Lizzy: That would be the big question. Does that, does that matter? Does that actually—and that because that still seems like an individual level intervention. It's not that we've regulated how much sugar the restaurant can use. That is still a total matter of free will. We are just simply saying at the very last moment, hey, person who's about to make this choice, here's a little bit more information about this choice. And it's still pretty opaque information because there's an assumption there that like, well, how much sugar is too much sugar? Why is it— is it a certain level that's over? But if it was like 2— a teaspoon less, would that be okay? You know, I just— I still— I can see people being puzzled by that.

Pasquale: That is such a beautiful point and such a great platform for me to build on because I completely agree with you when it comes to these policies. And this is the way that I describe my work in general. I tend to think of them as being, um, I use the word paternalistic, but that's some jargon for you.

Lizzy: Literally paternalistic means like your dad telling you what to do.

Pasquale: Exactly.

Lizzy: And it doesn't matter that you understand or agree.

Pasquale: So warning labels, for example, are less paternalistic. It's a light touch. The more light touch something is, the more politically feasible it is, and the more, quote unquote, palatable it is to the public, especially Americans, right? So this— our appetite, no pun intended, for that type of legislation is larger than, say, like a European country, or,

Lizzy: You know, I think you should intend the pun, but because I liked it.

Paquale: Sure, pun intended. Yeah, that's just a much more feasible policy to pass, and that's why it passed. For example, the more you get towards regulation and restriction at the very end of that spectrum, the less politically feasible it is and appetizing it is to people. However, it's the inverse of effectiveness. It's the, the least politically feasible and the least appetizing policies are the most effective. So we could look at tobacco, for example. So when you, there's taxes on cigarettes and taxes on the companies that sell them are really, really effective. We have taxes on sugar sweetened beverages in some cities. And some of my work has found that they're not effective in restaurants, presumably because they're too low, actually. You know, they're just not making a difference.

But another possible route is to tax either the companies or add taxes at the point of sale for ultra-processed foods. And that would be a more effective approach, but it still penalizes the consumer like you're saying. The other policies that we're considering are restrictions on what could be sold in places, or at least regular, like industry or food standards.

So in certain places in the country, they're considering restrictions. I think like in California, for example, restrictions on the offering of ultra-processed foods in schools. So that's just saying that's a ban. And then in New York City, we have food standards on what could be sold in cafeterias and workplaces and hospitals that are related to the government in some way. So it's saying like it has to meet this type of food standard. That, that's larger in scope and it makes it, it just takes the option off the table and it forces other options to be on the table. They're also oriented toward the consumer to the point that you just made. Really what needs to change is the food supply, right? And the pricing of the food.

Lizzy: Let's talk more then about SNAP policy changes, because that's another mechanism where the federal government top level, we know that SNAP policy starts at that federal level and is filtered down through states. So depending on what state you reside in, there's going to be differences in how you qualify, how you apply for it. And now there's new differences possibly being introduced that are one of the levers that the federal government is trying to kind of square this circle about where do we fit in in terms of shaping people's quote unquote healthy food choices if we, the government, are going to be the funder behind those choices.

Pasquale: And this is another really large part of my work. Like an angle of my work is I do a lot related to the SNAP program. There are at least 4 things that are changing or things to consider to the SNAP program right now in this moment that I think are important to highlight. First and foremost, the most important is just cuts to the program in general. So what you're doing by

making cuts to the program and the funding that you send to states to fund the program in general, you're making it so that fewer people can have SNAP benefits and the people who get SNAP benefits will have lower amounts. What that does is reduces your purchasing power. You can no longer afford— your access to healthy food is lower because healthy food is more expensive.

So that's the, that's the first change that's happened in the Trump administration. Is just cuts to the program in general. And if there was one change to make, period, it's to restore that funding and increase funding to it more so that they're able to access healthier food. Because you can tell people till they're blue in the face or till you're blue in the face, eat healthier. But if they can't afford to do it, they're not going to do it, right? Like, how do you do that?

But then there's 3 other changes, 2 that have gone into place either everywhere or in most places, and one that's proposed. One is new work requirements, which have gone into effect in many different places, and they're making it harder to prove that you are eligible for the SNAP program. So it's sort of the same as the first point I was making. You have to be working, and it's just more difficult for some people to work and to prove that they work. And so it's going to result in fewer people being on the program.

The other really big one that you might have been alluding to is the state waivers on what foods can be purchased using SNAP dollars. And so these restrictions are now, I think, I feel like every week or day there's more states being added to it, but I think we're up to 22 and counting potentially states that have these restrictions. And oh, it's just, it's a mess. If I can editorialize for a second.

Lizzy: Please do.

Pasquale: So restrictions on SNAP benefits have been considered for a long time. And a reason that they haven't moved forward prior to this administration is that it's really difficult to implement them. But it's not impossible. So like if your listeners know about WIC, that's for women, infants, and children, a different version of SNAP for people who are either pregnant or nursing. They have restrictions on what you could use that are different from SNAP. All SNAP benefits have some restrictions, like you can't buy hot food for some reason.

Lizzy: You can't buy prepared food. You can't necessarily go in and get like a sandwich from the deli counter in a grocery store, but you could get all of the elements of that sandwich individually.

Pasquale: Right. But on WIC, for example, you can't buy sugary drinks, which is what a lot of states are trying to implement, you know, restrictions. You can't— we're trying to argue that you can't spend your SNAP benefits on soda or you can't spend your SNAP benefits on candy. There's two things, there's two ways of thinking about this, uh, or two, two things to consider. One is that there, there's a large group of people that feel that we shouldn't have any restrictions whatsoever and that we shouldn't be telling people what to eat. I think it's a very interesting

contrast and tension between a group of people whose politics are about freedom of choice and individual responsibility, and then saying things like, but you can't buy these types of foods, right? That said, I do— it's complicated.

I do think there's a potential for improvements in what people eat and consume if we restrict their access to, say, sugary drinks, because those are really bad for you and provide no nutritional value, right? Like, there's a spectrum of items here. Like, even if you buy chocolate milk, which is generally bad for you, there's still vitamin D in it. But when you have soda, for example, it's pretty unequivocally bad for you. So there's an argument to be made there that you shouldn't be giving money to people to fund that.

And also that SNAP is just supplemental. The S in SNAP means supplemental. You still have money to spend on unhealthy foods. It's just not the government dollars, in other words. So there's a whole ethical argument about this that I think is very complicated, and I have complicated feelings about it too. More practically speaking, and I think more importantly, is that implementing this is really challenging and it's messy. It's already messy and it's going to continue to be messy because right now there's just a lot of anecdotal on-the-ground reporting. But we know that retailers and consumers are both really confused about what's happening. It is now up to a store clerk to say, you can buy this Snickers bar because it has a milk ingredient. But you can't buy these chips because there's no milk ingredient.

Lizzy: That's terrible. That doesn't seem workable at all for policy. I thought at least it was that when someone went to a store and they had items in their basket and then they go to check out, there's no other human that has to judge whether something qualifies. It's simply they use that electronic benefit card that we often— that your SNAP money is loaded onto, and it will accept or reject certain of your changes. No, it's even worse than that. Oh, wow. This is actual news to me. That sounds like a way to implement policy. It depends?

Pasquale: It depends on— well, sorry, the, the extent of the messiness depends on the state and the way that they've framed their legislation. I think it's messy in general, and this is why, again, it hasn't been rolled out till now, because it— prior to this administration, there were— the FDA was funding pilot programs to test this in the, in a way that would be similar to WIC. But right now they're just saying go ahead and do it. With no support whatsoever. And yes, it's up to a store clerk to determine whether something could be used— SNAP benefits could be used for something versus not. And the definitions of what could be accepted versus not differ from state to state. So some just say you can't buy sugary drinks, but they don't define sugary drinks at all. And there's a lot of variation in sugary drinks, some that are very unhealthy and some that are not that bad.

Lizzy: And we are— we have now— the government has made it the job of the like 19-year-old checkout person that like, that sounds like a recipe for what on the back end could certainly appear like waste, fraud, and abuse. Just going to put that there. If we have no kind of standard for how we're determining this and some people are spending some of that government money on one thing and others on others, I just, I would love to see how that ends up looking in the

data that we'll eventually receive from some of these experiments. But we'll leave that there for the moment.

What do you want to leave us with, like, what do you think the government should do? Let's take feasibility out of the conversation for a minute, even though we know that's the major limiter. What do you think would be the ideal things to do based on what you know now? And then what does maybe that mean for those individual consumers that don't control that and whose choices are actually quite limited by the things that we're doing or not doing?

Pasquale: Yeah, these are big questions. I think it's what makes the work really interesting on my end. Because it's an intersection of everything you talked about— culture, politics, science, individual choice versus environmental influences. It's a nexus of some of the hardest stuff, and we all feel very passionately about food. I like the expression strange bedfellows because it feels like people who don't normally have aligned views or aligned goals are actually aligned on a lot of these things. So you're having people, you know, more progressive folks having aligned views with less progressive folks because they want to be eating healthy things and they want their children to be eating healthy things, et cetera. So I actually think framed positively, there's opportunity for coalition building here among people who want a healthy food supply and who want it to be easy to eat healthy.

The main problem here is the influence of industry. And I think the main solution is to minimize the influence of industry in this conversation and the decision-making processes. We are all seeing it happen in real time where we have RFK saying he wants industry out of the picture. He wants to regulate X, Y, and Z, like glyphosate. And all of a sudden, a lobbyist gets involved or someone gets the ear of a politician, and that goes straight out the door. So it's really the influence of industry here that has an invisible hand in shaping these conversations. And so I think minimizing that is really the number one thing we need to do.

Lizzy: Yes, certainly. And that absolutely ignores the feasibility part, like I asked you to do, because we know there's a reason that we haven't done some of the regulations that scientists and just community members have said this would be the thing that would really be a game changer. That is the hardest thing to do in that environment.

Then the final part of my question was, if we know that, if we accept that the choices in front of us as consumers are not— they haven't gone through what would be the kinds of regulations that might actually be protecting us, and that means it is kind of then that's put onto the individual. How do you shop with all the knowledge that you have? Like, how is the individual to make better choices if they understand this framework that they're in that already kind of isn't doing some of the things that would actually take that burden off of them?

Pasquale: It's a great question and a great place to end. And I would love to make this as positive as possible, although it is a little bit dark, of course, which is like, you know, some of this is out of our hands, right? I would apply the principles of harm reduction. So harm reduction, you know, is a key principle of drug use, for example. It's the idea that bad things exist and people

are going to do bad things and consume bad things, especially in a system where we can't make things perfect. We need to minimize harm.

And I think when I'm shopping, and whatever your income level is, you know, go after what is the least bad option and to pick your battles. You know, I eat chips. I don't think chips are that bad, depending on the chips, of course. Diet is nuanced. I eat high-fat items. I eat high-calorie items. But you need to add fruits and vegetables. You need to make it as healthy as possible within your means. You know, reduce harm. I don't think it should be black and white. I don't think it should be that do not eat any ultra-processed foods. You know, they're convenient. They're cheap. We need calories. You know, just do your best within your ability.

Lizzy: I am darkly excited for the future when some of the current research that is at its beginning and kind of looking at the data from, say, those restaurant experiments and the data that's going to come out about people's health in the places where some of these SNAP policy changes have taken place, because that does feel like that's going to be such a big part of positive next steps going forward to see like what's actually doing something here, you know, what works and what doesn't. So thank you for that. I appreciate the conversation that we've had today.

Pasquale: Me too. Thank you for the opportunity to talk about this. I love it.

Lizzy: And thanks everyone for listening. For more on Professor Rummo's work, you can check out our show notes at scholars.org/nojargon. No Jargon is the podcast of the Scholars Strategy Network, a nationwide organization connecting journalists, policymakers, and civic leaders with America's top researchers to improve policy and strengthen democracy. The producers of our show are Wendy Chow and Dominic Doemer. Our audio engineer is Peter Linnane. And if you like today's show, please subscribe and rate us on Apple Podcasts or wherever you get your shows. You can give us feedback on X, formerly known as Twitter, [@nojargonpodcast](https://twitter.com/nojargonpodcast), or at our email address, nojargon@scholars.org.