

INFORMING THE WHITE HOUSE CONFERENCE:

Ambitious, Actionable Recommendations to End Hunger, Advance Nutrition, and Improve Health in the United States



A REPORT OF THE

Task Force on Hunger, Nutrition, and Health

CONVENED BY



Gerald J. and Dorothy R.
Friedman School of
Nutrition Science and Policy



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Task Force Informing the White House Conference on Hunger, Nutrition, and Health

This report is a product of the Task Force on Hunger, Nutrition, and Health (Task Force), a diverse multi-stakeholder group of experts, direct service providers, and leaders with varying expertise and perspectives. Its members are banded together in their unwavering belief in the paramount importance of taking decisive action to achieve transformative change to end food insecurity and hunger, improve nutrition, and reduce diet-related diseases in the United States.

The Task Force was convened by the Chicago Council on Global Affairs, Food Systems for the Future, the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, and World Central Kitchen.

Task Force member titles and affiliations are listed below for identification purposes only; Task Force members served in an individual capacity and made collaborative decisions by general consensus. Any specific recommended action in this report represents the overall views of the Task Force and should not be considered as endorsed by any individual Task Force member. Moreover, Task Force members may prioritize different matters of primary focus or have varying criteria for how to operationalize some of the actions herein. The perspectives and recommendations in this report do not necessarily reflect the official views, opinions, or positions of any Task Force member's employer, institution, or organization; nor the official views, opinions, or positions of the Task Force convener organizations.

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TASK FORCE CO-CHAIRS

Chef José Andrés

*Founder, World Central Kitchen
Chef/Owner, ThinkFoodGroup*

Ambassador Ertharin Cousin

*Founder and Chief Executive Officer,
Food Systems for the Future
Former Executive Director, World Food Programme*

Senator Bill Frist

*Former Majority Leader of the United States Senate
Senior Fellow, Bipartisan Policy Center
Adjunct Professor of Surgery,
Department of Cardiac Surgery,
Vanderbilt University School of Medicine*

Secretary Dan Glickman

*Former United States Secretary of Agriculture
Distinguished Fellow of Global Food
and Agriculture, Chicago Council
on Global Affairs
Senior Fellow, Bipartisan Policy Center*

Dean Dariush Mozaffarian

*Special Advisor to the Provost, Dean for Policy,
Jean Mayer Professor of Nutrition,
Friedman School of Nutrition Science
& Policy, Tufts University*

TASK FORCE MEMBERS

Sonia Y. Angell

*Visiting Professor, Johns Hopkins
Bloomberg School of Public Health
Assistant Clinical Professor of Medicine,
Columbia University Vagelos College*

Catherine Bertini

*Distinguished Fellow of Global Food and
Agriculture, Chicago Council on Global Affairs
Former Executive Director, World Food
Programme*

Catherine D'Amato

*Founder, Hunger to Health Collaboratory
President and Chief Executive Officer,
Greater Boston Food Bank*

Robert Egger

Community Nutrition Innovator and Elder Ally

Curt Ellis

Chief Executive Officer, FoodCorps

Priya Fielding-Singh

*Assistant Professor, Department of Family and
Consumer Studies, University of Utah*

Sam Kass

*Founding Partner, TROVE
Former White House Chef and Senior Policy
Advisor for Nutrition*

Jim Krieger

Executive Director, Healthy Food America

William Li

*Chief Executive Officer, Angiogenesis
Foundation*

Roberto Meza

*Board President, National Young Farmers
Coalition*

Angela Odoms-Young

*Associate Professor; Director, Food and Nutrition
Education in Communities Program and
New York State Expanded Food and
Nutrition Education Program (EFNEP),
Cornell University*

Rear Admiral (Ret.) Frank Ponds, USN

*Nutrition and National Security Speaker's
Bureau Member, Mission: Readiness*

Martin Richards

*Executive Director, Community Farm Alliance
(Kentucky)*

Teresa Romero

President, United Farm Workers

Leslie Sarasin

*President and Chief Executive Officer, FMI -
The Food Industry Association*

Pam Schwartz

*Executive Director, Community Health,
Kaiser Permanente*

Hilary Seligman

*Professor, Departments of Medicine and
of Epidemiology & Biostatistics,
University of California, San Francisco*

Brooks Tingle

*President and Chief Executive Officer,
John Hancock Insurance*

Secretary Ann M. Veneman

Former United States Secretary of Agriculture

Donald Warne

*Chair and Professor, Department of Indigenous
Health and Director, Indians Into Medicine
(INMED) and Public Health Programs,
University of North Dakota*

Kim Williams

*Chair, Department of Medicine,
University of Louisville
Past President, American College of Cardiology*

STRATEGY GROUP INFORMING THE WHITE HOUSE CONFERENCE ON HUNGER, NUTRITION, AND HEALTH

The Strategy Group had the opportunity to provide inputs and feedback for the Task Force to consider as it completed this report. The views, opinions, and recommendations in this report do not necessarily reflect the official views, opinions, or positions of any given Strategy Group organization, and these organizations should not be construed as approvers of nor endorsers of the report.

The 1890 Universities Foundation

American Academy of Pediatrics

American Diabetes Association

Academy of Nutrition and Dietetics

American Cancer Society

American Heart Association

American Society for Nutrition

Bread for the World

Center for Science in the Public Interest

CommonWealth Kitchen

Food is Medicine Coalition

Hunger Free America

International Fresh Produce Association

Intertribal Agriculture Council

MAZON: A Jewish Response to Hunger

National Alliance for Hispanic Health

National Association of Community Health Centers

National Family Farm Coalition

National Produce Prescription Collaborative

National REACH Coalition

National WIC Association

Partnership for a Healthier America

ScratchWorks

Swipe Out Hunger

The Nature Conservancy

Wholesome Wave

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Lauren Burchfield, Senior Research Administrator
Emily A. Callahan, Owner and Consultant, EAC Health and Nutrition, LLC*
Sylara Marie Cruz, Project Coordinator
Gina Drioane, Senior Director of Health Communications, Waxman Strategies
Marian Flaxman, Consultant, Executive Vice President, Informed Solutions, LLC*
Kurt Hager, PhD Candidate*
Marla Hollander, Consultant and President, Collaborative Strategies, LLC
Courtney King, Director of Business Operations
Silicia Lomax, Senior Associate, Waxman Strategies
Melissa Maitin-Shepard, Founder and Principal, MMS Health Strategies, LLC**
Morgan Maloney, Founder and Principal, Sowing Strategies, LLC*
Julia Reedy, Senior Research Coordinator*
Orsolya Szabo, Executive Administrative Coordinator
Jennifer Weber, President and Founding Principal, Weber Moore Partners, LLC

***Report lead; *Report core writing team members*

Chicago Council on Global Affairs

Natalie Burdsall, Communications Officer
Ivo H. Daalder, President
Gloria Dabek, Assistant Director, Government Relations
Samanta Dunford, Research Assistant, Center on Global Food and Agriculture
Mallory Hebert, Special Assistant, Research Centers
Julia Whiting, Research Associate, Center on Global Food and Agriculture
Peggy Yih, Managing Director, Center on Global Food and Agriculture

Food Systems for the Future

Sarah Franz, U.S. Director
Jennifer Kelly, Nutrition Director
Azziza Robinson, U.S. Project Manager

World Central Kitchen

Grace Cho, Senior Policy Advisor, Federal Relations
Satchel Kaplan-Allen, Chief of Staff to Chef José Andrés
Elliot Kaye, Senior Vice President, Policy
Nate Mook, Chief Executive Officer

The Office of Senator William H. Frist, M.D.

Payton Robinette, Policy Advisor and Chief Operating Officer, NashvilleHealth

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¹ The operational lead organizations are a coalition of four organizations— the Chicago Council on Global Affairs, Food Systems for the Future, The Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, and World Central Kitchen—that convened the Task Force on Hunger, Nutrition, and Health and initiated a series of associated activities to inform the September 2022 White House Conference on Hunger, Nutrition, and Health.

I. EXECUTIVE SUMMARY

More than 50 years have passed since President Nixon convened the first-ever—and until now, the only—White House Conference on Food, Nutrition, and Health in 1969. That conference was historic in its bipartisanship, inclusivity, vision, and impact, as it resulted in the creation and/or expansion of many of the nation’s major food and nutrition policies and programs. But in the absence of further, sufficiently coordinated national attention to these issues, the nation has been riding the coattails of these policies for 50 years.

In September 2022, federal agencies and other diverse stakeholders will convene for a second White House Conference on Hunger, Nutrition, and Health to face some of the country’s most prominent food and nutrition challenges—persistent food insecurity, increasing prevalence of diet-related diseases, and widening health disparities. About one in 10 U.S. households were food insecure at least some time during 2020, and suboptimal diets and the proliferation of diet-related diseases, such as obesity and type 2 diabetes, have contributed to a situation in which only one in 15 U.S. adults have optimal cardiometabolic health. Youth are also affected—one in four have prediabetes, one in four have overweight or obesity, and one in eight have diet-related fatty liver disease. These adverse health outcomes disproportionately affect people from racial and ethnic minority groups, people with lower incomes, residents of rural areas, and other populations impacted by systemic inequities. Beyond effects on health, these issues exert substantial strains on productivity, health care spending, and military readiness.

It is clear that the challenges of food insecurity, diet-related diseases, and health inequities intersect with and exacerbate each other, and that radical systemic changes across multiple sectors are needed to adequately address them. Achieving the 2022 White House Conference goals of ending hunger, improving nutrition, and reducing diet-related diseases in the United States calls for a modern, multi-sector, coordinated national strategy.

This report, authored by the Task Force on Hunger, Nutrition, and Health—a nongovernment, nonpartisan group of subject matter experts and multi-sector leaders—provides a series of policy recommendations and actions to advance the goals of the Conference. The report proposes a far-reaching, consensus-based strategy that reflects a diverse set of perspectives from leaders across academia, civil society, government, and the private sector. In addition to the Task Force, the report was informed by a review of a wide range of existing policy reports; a Strategy Group of approximately two dozen national and other leading organizations that provided a broader reflection of views and issues across America; three in-person policy convenings in different cities that brought together a combined total of more than 240 multi-sector leaders and stakeholders; and a series of listening sessions planned with communities around the nation to center the knowledge of individuals with diverse lived experiences in food insecurity, nutrition insecurity, and diet-related conditions. All of these activities provided key insights that helped shape the policy recommendations and actions included in this report.

Advancing this bold, high-impact agenda calls for political will and bipartisan solutions and requires actions by Congress, the White House, numerous federal agencies, state and local governments, nongovernment organizations, and the private sector. The Task Force members are banded together in their unwavering belief in the paramount importance of taking decisive action to achieve transformative change to end food insecurity and hunger, improve nutrition, and reduce diet-related diseases.

The September 2022 White House Conference on Hunger, Nutrition, and Health has the opportunity to catalyze a new legacy for a 21st-century U.S. food system that is resilient, equitable, and nutrition-focused. Such a food system can help end hunger and advance well-being for the American people, reduce health care spending, support equity across identity and income groups, catalyze new jobs and small businesses, advance minority-owned businesses and rural development, enhance military readiness, and provide for greater security and prosperity for the nation.

POLICY RECOMMENDATIONS IN THIS REPORT

A. FEDERAL NUTRITION PROGRAMS

1. Increase access to and participation in federal nutrition programs by expanding eligibility, simplifying enrollment, and improving convenience for participants.
2. Eliminate food insecurity among participants of federal nutrition programs by ensuring benefit amounts are sufficient to meet households' food needs.
3. Increase nutrition security by promoting dietary patterns that align with the latest *Dietary Guidelines for Americans (DGA)* through federal nutrition programs.
4. Improve program convenience and benefit flexibilities for participants of Electronic Benefits Transfer (EBT)-based programs (e.g., Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)) to increase participation in these vital programs and allow the programs to better promote food and nutrition security.
5. Leverage the federal nutrition programs' power in economic stimulus to support food systems that promote foods that align with the latest *DGA*.

B. PUBLIC HEALTH AND NUTRITION EDUCATION

6. Strengthen, coordinate, and invest in the public health infrastructure to address nutrition, hunger, and health.
7. Strengthen federal nutrition education programs, including the Supplemental Nutrition Assistance Program-Education (SNAP-Ed), WIC Nutrition Education, and the Expanded Food and Nutrition Education Program (EFNEP), to allow them to provide more effective nutrition education to more people.
8. Improve the readability, content, and usefulness of packaged food labels to make it easier to identify more nutritious food options both within and across food categories.
9. Reduce the marketing of foods that do not align with the latest *DGA* and increase the marketing of foods that align with the latest *DGA* to children and populations with disproportionate rates of diet-related chronic conditions.
10. Increase consumer understanding and improve translation of the evidence connecting food, nutrition, and health outcomes.
11. Improve the nutritional quality of foods offered in federal, state, and local government facilities, including worksites, military installations and facilities, national parks, and correctional facilities.
12. Create and invest in programs and policies that promote human milk feeding as the premier source of infant nutrition.

C. HEALTH CARE

13. Accelerate access to "Food Is Medicine" services to prevent and treat diet-related illness.
14. Increase access to and insurance coverage for behavioral interventions and nutritional counseling to improve diet and health.
15. Build a diverse health care workforce with appropriate training and expertise in diet and health.
16. Facilitate health system screening for food and nutrition insecurity and follow-up referrals to appropriate interventions.
17. Leverage the integral role hospitals play in regional food systems and local communities to improve food and nutrition security for community members.

D. RESEARCH AND SCIENCE

18. Create a new national nutrition science strategy to improve coordination and investment in federal nutrition research focused on prevention and treatment of diet-related conditions.
19. Increase leadership, coordination, and investment in nutrition research at the National Institutes of Health (NIH).
20. Utilize research and data sharing to improve nutrition policies and programs across federal agencies.
21. Catalyze private sector and philanthropic research funding to stimulate high-integrity, transparent investment in unbiased research that can help address the nation's priorities for hunger, nutrition, and health.

E. BUSINESS AND INNOVATION

22. Fund and implement a comprehensive strategy to build a national ecosystem of evidence-based, mission-oriented business innovation to reduce hunger, improve nutrition, reduce diet-related chronic conditions, and increase health equity.
23. Support new and small food sector businesses owned by historically underserved and marginalized groups.
24. Encourage the private sector (food and non-food businesses) to improve food security, nutrition, and health through food- and nutrition-focused offerings in company offices, events, benefit packages, and insurance plan designs.
25. Increase the ability of food companies to communicate with consumers about the evidence for healthfulness of certain food products and nutrients.
26. Improve the resiliency, accessibility, and nutritional quality of the food supply.
27. Increase the number of new small and mid-sized farmers growing specialty crops and other foods recommended by the *DGA*.
28. Increase food recovery from farms, grocery stores, restaurants, and other food businesses for the purpose of donating to entities that address hunger and food insecurity.

F. FEDERAL COORDINATION

29. Improve coordination and collaboration among, and increase accountability for, federal agencies to address hunger, nutrition, and health.
30. Establish new structure, leadership, and authority within the federal government to increase effectiveness and synergies of diverse hunger, nutrition, and health efforts across agencies.

II. INTRODUCTION

More than 50 years have passed since President Nixon convened the first-ever—and until now, the only—White House Conference on Food, Nutrition, and Health. That 1969 conference, chaired and organized by Dr. Jean Mayer, the founder of the Friedman School of Nutrition Science & Policy at Tufts University, was historic in its bipartisanship, inclusivity, vision, and impact. The conference catalyzed many of the nation’s major nutrition policies and programs, which helped reduce hunger and malnutrition in the United States through the expansion and/or creation of federal nutrition programs such as Food Stamps (now the Supplemental Nutrition Assistance Program, SNAP), the National School Lunch Program (NSLP) and School Breakfast Program (SBP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and by implementing new consumer protections like nutrition labeling. In the absence of further, sufficiently coordinated national attention on food, the United States has been riding the coattails of these policies for 50 years.

In September 2022, the White House will convene for a second White House Conference on Hunger, Nutrition, and Health to face a new set of food and nutrition challenges—persistent food insecurity, increasing prevalence of diet-related diseases, widening disparities, and ballooning health care costs. Since 1969, severe calorie malnutrition has largely been eradicated and replaced with food insecurity.² In 2020, 38.3 million people in the United States, including 11.7 million U.S. children, lived in *food insecure* households. About 3.9% of U.S. households experienced *very low food security*,³ and an additional 6.6%, *low food security*.⁴ From 2019 to 2020, the number of Americans living in food insecure households increased by three million—notably among *households with children*—and racial and ethnic disparities in household food insecurity widened.

In a major shift since the first Conference, suboptimal diets and the emergence of diet-related diseases have exerted a tremendous burden on the well-being of Americans. Only *6.8% of U.S. adults* have optimal cardiometabolic health, in part due to poor dietary habits. Each year, *poor diets* cause more than 300,000 deaths from cardiovascular disease and diabetes and more than 80,000 *new cases of cancer*. Nearly *three in four U.S. adults* have overweight or obesity, and one in two have diabetes or prediabetes. Among U.S. youth, approximately *one in four* have prediabetes, one in four have overweight or obesity, and *one in eight* have diet-related fatty liver disease. Significant changes are needed to advance *nutrition security*⁵ across the population and reduce the prevalence of costly diet-related chronic conditions.

Compared to the national average, food insecurity is

3.4x higher

FOR HOUSEHOLDS LIVING BELOW THE FEDERAL POVERTY LINE

2.6x higher

FOR HOUSEHOLDS LED BY SINGLE MOTHERS

2.1x higher

FOR BLACK HOUSEHOLDS

1.6x higher

FOR HISPANIC HOUSEHOLDS

1.5x higher

FOR HOUSEHOLDS WITH CHILDREN UNDER SIX YEARS OLD

Sources: USDA, Economic Research Service

2 *Food insecurity* is defined as “the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”

3 *Very low food insecurity* is defined as “At times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food.”

4 *Low food security* is defined as “Households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted.”

5 *Nutrition security* is defined as “All Americans have consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.”

Diet-related diseases and health equity are intertwined through the economic, geographic, and social factors that affect food access and diet quality. Societal inequities and stigmas related to multiple characteristics—such as age, gender, race/ethnicity, socioeconomic status, immigration status, parental status, sexuality, and geographic location—shape individual, family, and community access, convenience, and affordability around nutritious⁶ food, diet quality, and diet-related health. As a result, food and nutrition insecurity and diet-related chronic conditions also disproportionately affect lower-income and rural populations, racial and ethnic minorities, and other groups impacted by systemic inequities. These disparities persist for some of the most prevalent and costly health problems in the United States. Data for 2017 through March 2020 indicate that *Black adults* had the highest prevalence of obesity in the country, followed by Hispanic adults. The Centers for Disease Control and Prevention (CDC) has reported that diagnosed *type 2 diabetes* is now highest among American Indian adults, Black adults, adults with less than a high school-level education, and those experiencing poverty.

Total Annual Medicaid and Medicare Costs, 2010–2028*



In terms of national security, nearly one-third of Americans ages 17 to 24 *do not qualify* for military service due to excess weight. With interest in military service on the decline, it is critical to U.S. national security that individuals willing to serve in the military meet eligibility standards. Addressing poor diet quality and overweight and obesity among youth is paramount to ensuring a strong U.S. military for decades to come.

The COVID-19 public health emergency has further underscored fundamental weaknesses in our food and health care systems, including the nation’s fragile supply chains and vulnerability to economic disruptions; stark disparities in hospitalizations and deaths by race and ethnicity; and the epidemic of diet-related conditions, such as *obesity, hypertension, and type 2 diabetes*, that increase risk for COVID-19 hospitalizations and deaths.

6 Throughout this report, “nutritious” foods and beverages are intended to refer to foods and beverages that align with the current edition of the *Dietary Guidelines for Americans (DGA)*. The 2020–2025 DGA include recommendations for food groups—for example, vegetables, fruits, grains, dairy, and protein foods—eaten at an appropriate calorie level and in nutrient-dense forms with limited amounts of added sugars, saturated fat, and sodium.

To underscore the link between diet-related illness and COVID-19 severity, *63.5% of COVID-19 hospitalizations* through 2020 were attributable to four diet-related conditions: obesity, diabetes, hypertension, and heart failure. The risk of COVID-19 hospitalization is *three times higher* for American Indians and more than two times higher for Black and Hispanic Americans than their white counterparts. At the same time, the pandemic provided evidence that innovative policy-driven supports, such as improvements in access to and increases in *benefit levels* in federal programs, can blunt or prevent large increases in the rates of food insecurity that would have otherwise been expected from the pandemic’s economic disruptions.

The United States has also yet to effectively harness the food sector,⁷ a trillion-dollar industry and one of the largest collective employers and wealth generators in the nation, as an ally in the fight against these intersecting crises. Multiple supply-side market levers, including transparent information sharing, procurement reform, and supply chain supports, have noted potential to positively influence widespread access to nutritious, sustainably produced foods. Food business innovation and entrepreneurship also offer a major path to personal and community economic empowerment and resilience, including for minority-owned small businesses. Yet the United States lacks a national plan or strategy to leverage the positive power of the private sector to equitably improve food access, nutrition, economic empowerment, asset ownership, and community health and wealth.

The challenges of food insecurity, diet-related diseases, and health inequities intersect and exacerbate each other. But these multi-faceted, interrelated challenges can be solved through a comprehensive, coordinated, multi-sector national strategy to end hunger, advance nutrition, and improve health.

Each month in the United States, diabetes causes

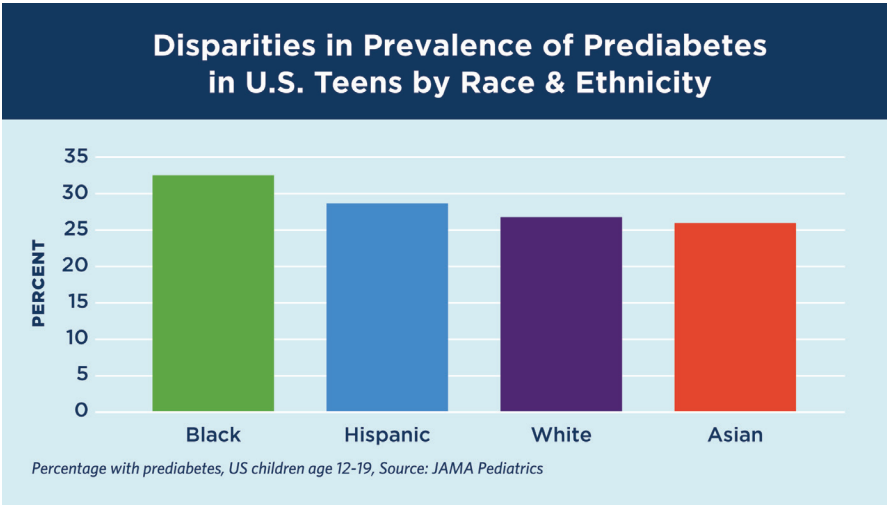
13,000
NEW AMPUTATIONS

5,000
NEW CASES OF KIDNEY FAILURE

2,000
NEW CASES OF BLINDNESS

Sources: Centers for Disease Control and Prevention (CDC)

This will require ambitious new policies and actions that together can greatly reduce food insecurity; improve diet quality; meaningfully reduce major diet-related conditions such as hypertension, type 2 diabetes, and obesity; and promote equitable and sustainable food and health care systems. Advancing this bold, high-impact agenda calls for political will and bipartisan solutions. Implementing this strategy will require actions by Congress, the White House, numerous federal agencies, state and local governments, nongovernment



organizations, and the private sector. To that end, the core of this report is a series of policy recommendations and actions (Sections III and IV), supplemented by a list of potential business commitments (Section V), to advance the Conference goals of ending hunger, improving nutrition, and reducing diet-related diseases in the United States.

⁷ The term “food sector” is broadly defined to include the full range of businesses across the food supply chain, including but not limited to agriculture, retail, manufacturing, aggregators, distributors, restaurant, food service management, and nutrition-focused wellness.

Development of This Report

This report is a product of the *Task Force on Hunger, Nutrition, and Health*, which was convened by a coalition of four organizations—the Chicago Council on Global Affairs, Food Systems for the Future, the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, and World Central Kitchen. The Task Force is a diverse, nonpartisan group of 26 subject matter experts and multi-sector leaders, co-chaired by Chef José Andrés, Ambassador Ertharin Cousin, Senator Bill Frist, Secretary Dan Glickman, and Dr. Dariush Mozaffarian. This report is also informed by a series of associated activities, initiated by the coalition organizations, that aimed to convene voices from across the country to inform the White House Conference and the nation’s new strategy for addressing hunger, nutrition, and health.

INFORMING THE WHITE HOUSE CONFERENCE ON

Hunger, Nutrition, and Health

4 LEAD
ORGANIZATIONS

26 TASK FORCE
MEMBERS

26 STRATEGY GROUP
ORGANIZATIONS

16 LISTENING
SESSIONS

3 POLICY
CONVENINGS

75+ POLICY REPORTS
REVIEWED

240+ CONVENING
ATTENDEES

In addition to the Task Force, this report draws on the expertise of a wide range of stakeholders, including leaders in academia, civil society, government, and the private sector; subject matter experts; and individuals with lived experiences, all of whom provided key insights that informed the policy recommendations and actions included in this report. A Strategy Group comprised of 26 national and leading organizations helped inform the Task Force’s work and provided a broader reflection of views and issues across America. More than 75 reports were provided by Task Force and Strategy Group members or submitted by other stakeholders via the website www.informingwhc.org; these reports were used to identify an initial slate of potential policy recommendations and actions. The Task Force also cohosted three in-person policy convenings with partners in New York, NY; Oakland, CA; and Washington, DC to bring together a combined total of more than 240 diverse multi-sector leaders and experts to identify and discuss high-impact policy recommendations and other solutions to end hunger, improve nutrition, and reduce diet-related diseases in the United States. In addition, more than 2,000 individuals⁸ watched live or archived portions of these gatherings virtually.

Critically, the Task Force engaged people with important lived experiences with hunger, nutrition insecurity, and diet-related conditions to help ensure that this report’s policy solutions were informed by their experiences and perspectives. To this end, the report was informed by 16 listening sessions that were held across the country, including in Oakland, CA; Chicago, IL; Selma, AL; and New York, NY. A separate effort, the Good Food Dialogues Platform, was developed to provide communities, organizations, and individuals with tools and resources to share experiences and expertise about hunger, nutrition, and health via local dialogues. Summaries of key themes from these listening sessions and dialogues are included in this report’s Appendices.

8 Viewership statistics as of July 21, 2022.

The recommendations herein are from the Task Force on Hunger, Nutrition, and Health, the members of which strongly support advancing this report and are banded together in their unwavering belief in the paramount importance of taking decisive action to achieve transformative change to end hunger, improve nutrition, and reduce diet-related conditions. Throughout this process, collaborative decisions were made by general consensus. The recommendations in this report represent the overall views of the Task Force and should not be considered as endorsed by any individual Task Force member. Task Force members served in an individual capacity, and the perspectives and recommendations in this report do not necessarily reflect the official views, opinions, or positions of any Task Force member's employer, institution, or organization.

Scope of This Report

For this report, the Task Force focused its efforts on policy recommendations that directly address the issues of hunger, nutrition, and health to maximize the coalition's expertise and remain within *the pillars* that define the stated scope of the Conference. As a result, many critical issues—namely, structural and social determinants of health and well-being—that intersect with and drive outcomes related to hunger, nutrition, and health are not directly addressed in this report.

Nonetheless, the report's recommendations are built on the understanding that challenges and inequities related to food, nutrition, and diet-related diseases are deeply intertwined with structural and social determinants of health and well-being. Social determinants of health can be grouped into *five domains*—economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context—and include examples such as safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; and language and literacy skills.

Achieving the White House Conference goals of ending hunger, improving nutrition, and reducing diet-related disease will require complementary efforts to address the structural drivers and social determinants of health and well-being. During listening sessions organized by the coalition, participants with lived experiences with food and nutrition insecurity and diet-related diseases consistently described their simultaneous experiences with economic insecurity and forced trade-offs between basic needs. For instance, scarce financial resources can lead to a family's choosing housing security over nutrition security. Another theme from the listening sessions was a lack of access to affordable, high-quality health care. Such access is important for providing supportive screening, evaluation, and referrals; preventive clinical care; and treatment, including access to appropriate medications and procedures needed to prevent and treat the full spectrum of diet-related conditions. This report does not directly include recommendations to address structural drivers that contribute to poverty or inequity, but many previous reports have examined the impacts of poverty and structural racism on hunger, nutrition, and health and have provided recommendations to address these inequities.⁹

9 Selected resources on these topics include:

The Alliance to End Hunger, *Hunger is a Racial Equity Issue*. (June 2022).

<https://alliancetoendhunger.org/wp-content/uploads/2022/06/2022-Hunger-is-a-Racial-Equity-Issue.pdf>;

Food Research and Action Center (FRAC), *Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs' Role in an Equitable Recovery*. (2021). <https://frac.org/wp-content/uploads/COVIDResearchReport-2021.pdf>;

FRAC, *Hunger, Poverty, and Health During COVID-19 SPOTLIGHT: Black Communities*. (May 2021).

https://frac.org/wp-content/uploads/HPH_Black-Communities_2021.pdf;

To End U.S. Hunger, We Must Cut Poverty, Boost Economic Opportunity, Reduce Inflation, and Bolster the Middle Class. (2022). <https://hfa-website.cdn.prismic.io/hfa-website/c212c9b6-9b33-4bce-a37e-e73f1c041def>

[To+End+U.S.+Hunger+We+Must+Cut+Poverty+Boost+Economic+Opportunity+and+Bolster+the+Middle+Class_by+Joel+Berg_Hunger+Free+America+-+Final+Public+%281%29.pdf](https://hfa-website.cdn.prismic.io/hfa-website/c212c9b6-9b33-4bce-a37e-e73f1c041def).

This report also does not include policy recommendations specifically targeting climate change, as this topic was not included in *the pillars* that define the stated scope of the Conference. Nonetheless, growing heat waves, droughts, wildfires, powerful storms, and floods *impact American farmers* and global crop yields, creating economic risks for farmers, raising food prices, and exacerbating food and nutrition insecurity. It is imperative that efforts to achieve the Conference goals do not exacerbate climate change and deplete natural resources, and this report's policy recommendations and actions are framed to advance development of a food system that prioritizes sustainable and equitable production. Better alignment of U.S. agricultural investments and policies with the *Dietary Guidelines for Americans* and with global *sustainability goals* through economic incentives for both consumers and farmers will be crucial to slow the rate of climate change and make nutritious, sustainably produced foods accessible, affordable, and convenient. Finally, other key issues that intersect with diet and disease but are not addressed in this report are food safety and alcohol consumption.

Many intersecting social, environmental, and structural inequities contribute to food and nutrition insecurity, and most Americans across all sociodemographic and identity groups have diets that *do not align* with dietary recommendations and promote *suboptimal cardiometabolic health*. Thus, population-wide changes are needed through an all-of-society approach that improves access to affordable, nutritious foods and addresses the complex factors that contribute to our nation's overall poor diet quality and high prevalence of diet-related health conditions.

In summary, this report's policy recommendations and actions focus on ending hunger and food insecurity, improving nutrition, optimizing diet-related health, and eliminating food, nutrition, and health disparities. Given this targeted scope, the Task Force hopes that the recommendations made in this report will be accompanied by a robust set of actions to address underlying systemic forces that inequitably affect health and well-being.

Organization of This Report

The recommendations included in this report provide an evidence-based, multistakeholder approach for a federal strategy to support the achievement of the White House Conference goals of ending hunger, improving nutrition, and reducing diet-related conditions by 2030. Each of the report's 30 policy recommendations are supported by a series of recommended actions, organized into six domains:

- A. FEDERAL NUTRITION PROGRAMS.** Federal nutrition programs, such as SNAP, WIC, NSLP, SBP, and the Seniors Farmers' Market Nutrition Program, leverage the power of the federal government to provide access to nutritious foods to eliminate hunger, improve well-being across the lifespan, and support thriving food systems. The *15 federal nutrition programs* serve *one in four Americans* each year.
- B. PUBLIC HEALTH AND NUTRITION EDUCATION.** Innovative public health, regulatory, and educational approaches can support opportunities to increase public knowledge and reduce consumer confusion, improve the public health infrastructure, advance nutrition education, and promote informed decision making for consumers.
- C. HEALTH CARE.** Innovative strategies can integrate nutrition and positive dietary supports into the health care system to improve health, reduce disparities, prevent and treat disease, and lower health care costs. Health care systems can also serve as anchor institutions in communities and foster health-promoting environments.
- D. SCIENCE AND RESEARCH.** Strategic investment and improved coordination in food, nutrition, and health research, and corresponding translational and implementation research, will be instrumental to strengthening federal policies and private sector actions to address hunger, nutrition, and health.
- E. BUSINESS AND INNOVATION.** A new national strategy can accelerate and guide innovative approaches and investments toward improvements in food and nutrition security, equity, and health. Such a strategy can also support food entrepreneurs to create wealth and nourishment in their communities and strengthen new U.S. small businesses, jobs, and local and regional food systems.
- F. FEDERAL COORDINATION.** While the U.S. government invests more than \$150 billion each year in food and nutrition-related efforts—plus hundreds of billions more in health care spending for diet-related diseases—*this spending is fragmented* across 200 separate actions and 21 different departments and agencies without harmonization or synergy. A new approach can promote sustained leadership and coordination of cross-governmental strategies, public-private partnerships, and actions on food and nutrition.

Each of the policy recommendations in this report aligns with one or more of the following *pillars* that define the scope of the White House Conference on Hunger, Nutrition, and Health:¹⁰

- **Improve food access and affordability**
- **Integrate nutrition and health**
- **Empower all consumers to make and have access to healthy choices**
- **Enhance nutrition and food security research**

The policy recommendations and their alignment with the White House Conference pillars are outlined in the section that follows. All policy recommendations address at least two pillars.

The report concludes with a list of potential business commitments to advance the Conference goals of ending hunger, improving nutrition, and reducing diet-related diseases in the United States. Relevant sectors that could undertake these goals include but are not limited to agriculture, supply chains, retail, restaurants, food manufacturers, health care, and wellness, as well as investors in these sectors.

¹⁰ This report did not focus on recommendations related to the pillar to support physical activity for all.



III. POLICY RECOMMENDATIONS OF THE TASK FORCE ON HUNGER, NUTRITION, AND HEALTH

Organized by Sector and Labeled by White House Conference Pillar

A. FEDERAL NUTRITION PROGRAMS	Improve Access & Affordability	Integrate Nutrition & Health	Empower Consumers/ Healthy Food Access	Enhance Nutrition Research
1. Increase access to and participation in federal nutrition programs by expanding eligibility, simplifying enrollment, and improving convenience for participants.	✓	✓	✓	
2. Eliminate food insecurity among participants of federal nutrition programs by ensuring benefit amounts are sufficient to meet households' food needs.	✓	✓	✓	
3. Increase nutrition security by promoting dietary patterns that align with the latest <i>Dietary Guidelines for Americans (DGA)</i> through federal nutrition programs.		✓	✓	
4. Improve program convenience and benefit flexibilities for participants of Electronic Benefits Transfer (EBT)-based programs (e.g., Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)) to increase participation in these vital programs and allow the programs to better promote food and nutrition security.	✓	✓	✓	
5. Leverage the federal nutrition programs' power in economic stimulus to support food systems that promote foods that align with the latest <i>DGA</i> .	✓	✓	✓	

B. PUBLIC HEALTH AND NUTRITION EDUCATION	<i>Improve Access & Affordability</i>	<i>Integrate Nutrition & Health</i>	<i>Empower Consumers/ Healthy Food Access</i>	<i>Enhance Nutrition Research</i>
6. Strengthen, coordinate, and invest in the public health infrastructure to address nutrition, hunger, and health.	✓	✓	✓	
7. Strengthen federal nutrition education programs, including Supplemental Nutrition Assistance Program-Education (SNAP-Ed), WIC Nutrition Education, and the Expanded Food and Nutrition Education Program (EFNEP), to allow them to provide more effective nutrition education to more people.	✓	✓	✓	
8. Improve the readability, content, and usefulness of packaged food labels to make it easier to identify more nutritious food options both within and across food categories.		✓	✓	
9. Reduce the marketing of foods that do not align with the latest <i>DGA</i> and increase the marketing of foods that align with the latest <i>DGA</i> to children and other populations with disproportionate rates of diet-related chronic conditions.	✓		✓	
10. Increase consumer understanding and improve translation of the evidence connecting food, nutrition, and health outcomes.		✓	✓	
11. Improve the nutritional quality of foods offered in federal, state, and local government facilities, including worksites, military installations and facilities, national parks, and correctional facilities.	✓	✓	✓	
12. Create and invest in programs and policies that promote human milk feeding as the premier source of infant nutrition.	✓	✓	✓	

C. HEALTH CARE	<i>Improve Access & Affordability</i>	<i>Integrate Nutrition & Health</i>	<i>Empower Consumers/ Healthy Food Access</i>	<i>Enhance Nutrition Research</i>
13. Accelerate access to “Food Is Medicine” services to prevent and treat diet-related illness.	✓	✓	✓	✓
14. Increase access to and insurance coverage for behavioral interventions and nutrition counseling to improve diet and health.	✓	✓	✓	
15. Build a diverse health care workforce with appropriate training and expertise in diet and health.		✓	✓	
16. Facilitate health system screening for food and nutrition insecurity and follow-up referrals to appropriate interventions.	✓	✓	✓	
17. Leverage the integral role hospitals play in regional food systems and local communities to improve food and nutrition security for community members.	✓	✓	✓	✓

D. RESEARCH AND SCIENCE	<i>Improve Access & Affordability</i>	<i>Integrate Nutrition & Health</i>	<i>Empower Consumers/ Healthy Food Access</i>	<i>Enhance Nutrition Research</i>
18. Create a new national nutrition science strategy to improve coordination and investment in federal nutrition research focused on prevention and treatment of diet-related conditions.	✓	✓		✓
19. Increase leadership, coordination, and investment in nutrition research at the National Institutes of Health (NIH).		✓	✓	✓
20. Utilize research and data sharing to improve nutrition policies and programs across federal agencies.	✓	✓	✓	✓
21. Catalyze private sector and philanthropic research funding to stimulate high-integrity, transparent investment in unbiased research that can help address the nation’s priorities for hunger, nutrition, and health.	✓	✓	✓	✓

E. BUSINESS AND INNOVATION	<i>Improve Access & Affordability</i>	<i>Integrate Nutrition & Health</i>	<i>Empower Consumers/ Healthy Food Access</i>	<i>Enhance Nutrition Research</i>
22. Fund and implement a comprehensive strategy to build a national ecosystem of evidence-based, mission-oriented business innovation to reduce hunger, improve nutrition, reduce diet-related chronic conditions, and increase health equity.	✓	✓	✓	✓
23. Support new and small food sector businesses owned by historically underserved and marginalized groups.	✓		✓	
24. Encourage the private sector (food and non-food businesses) to improve food security, nutrition, and health through food- and nutrition-focused offerings in company offices, events, benefit packages, and insurance plan designs.	✓	✓	✓	
25. Increase the ability of food companies to communicate with consumers about the evidence for healthfulness of certain food products and nutrients.		✓	✓	
26. Improve the resiliency, accessibility, and nutritional quality of the food supply.	✓		✓	
27. Increase the number of new small and mid-sized farmers growing specialty crops and other foods recommended by the DGA.	✓		✓	
28. Increase food recovery from farms, grocery stores, restaurants, and other food businesses for the purpose of donating to entities that address hunger and food insecurity.	✓		✓	

F. FEDERAL COORDINATION	<i>Improve Access & Affordability</i>	<i>Integrate Nutrition & Health</i>	<i>Empower Consumers/ Healthy Food Access</i>	<i>Enhance Nutrition Research</i>
29. Improve coordination and collaboration among, and increase accountability for, federal agencies to address hunger, nutrition, and health.	✓	✓	✓	✓
30. Establish new structure, leadership, and authority within the federal government to increase effectiveness and synergies of diverse hunger, nutrition, and health efforts across agencies.	✓	✓	✓	✓



IV. POLICY RECOMMENDATIONS AND ACTIONS BY SECTOR

A. Federal Nutrition Programs

VISION

Federal nutrition programs provide Americans with convenient, affordable, and equitable access to nutritious foods to eliminate hunger, improve diet quality and health status across the lifespan, and support thriving food systems.

Policy Recommendation #1

Increase access to and participation in federal nutrition programs by expanding eligibility, simplifying enrollment, and improving convenience for participants.

Federal nutrition programs are the most important nutrition supports in the country, far exceeding any impacts of the charitable food networks. Yet many Americans who are eligible are not enrolled, often due to burdensome application processes.

ACTIONS TO ADVANCE THIS RECOMMENDATION

CROSS-PROGRAM

Congress and federal agencies should examine the need for an increase to the current federal poverty level (FPL) determination, which would lay the groundwork for increased benefit levels and program eligibility, or increase the FPL limit on eligibility across federal nutrition programs.

Congress should coordinate federal and state food assistance program enrollment with other federal social service programs to enhance convenience for participants. This coordination and integration of state agencies and programs could be done through one application that determines adjunctive or categorical eligibility and automatically enrolls persons in multiple income-based federal programs, including Supplemental Nutrition Assistance Program (SNAP), free/reduced price school meals, Medicaid, Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Seniors Farmers' Market Nutrition Program, and Section 8 housing, when applicable. If an interview is required for program eligibility, one interview should be used to determine eligibility for multiple programs.

Congress and the United States Department of Agriculture (USDA) should allow for regional variations in benefit levels and eligibility thresholds to account for the higher costs of living in some areas in the country. State and local governments should also be able to increase income thresholds for program eligibility and benefit levels for reasons including a higher cost of living.

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Congress and USDA should remove unnecessary barriers to SNAP participation, making the program more easily accessible to people in need, including:

- a. Simplify SNAP applications for adults 60 years and older by expanding nationwide the measures piloted in the Elderly Simplified Application Project, including waiving the interview requirements for both the initial application and recertification, using data matches to reduce the amount of client-provided verification, and extending the certification period to three years.
- b. Remove the waiting period for lawful permanent residents.
- c. Repeal the exclusion from SNAP of individuals with drug convictions and other felonies. This presents an opportunity to improve equity in access, in particular given the *disproportionate impact* of drug control policies on Black, Indigenous, and people of color (BIPOC) populations.
- d. Maintain the option for remote interviews and digital signatures, even after the end of the COVID-19 public health emergency, or entirely remove the interview process. This policy change would facilitate enrollment for people for whom transportation, employment, or childcare present barriers to in-person interviews and allow those who are working to maximize their work hours.
- e. Remove barriers for active-duty military to enroll in SNAP, including ending the consideration of military housing as wages or increasing the military housing deduction.
- f. Eliminate asset limits for SNAP households' eligibility determinations or increase the asset limits and vehicle value deductions. Asset limits penalize savings or vehicle ownership (which may be required for transportation to work, especially in rural areas), both of which help build long-term financial security and protect against future episodes of food insecurity.
- g. Authorize the standard medical deduction in every state for older adults and people with disabilities and eliminate the cap on the excess shelter deduction.

Congress should lengthen the recertification duration and eliminate interim proof of income for individuals who are already approved for SNAP. Often, families need time to transition to better paying work and may have their income fluctuate from month to month.

Congress should permanently extend SNAP to Puerto Rico, American Samoa, and Northern Mariana Islands to ensure equitable access to the program across U.S. territories.

Congress and USDA should change administrative policies that prohibit promoting the availability of SNAP and other nutrition assistance programs to people who may be eligible but not participating in the programs. Programs should be promoted through multiple channels to reach diverse populations.

“[During the pandemic] participation in federal programs like Meals on Wheels (...) and WIC went up because many of barriers to participation were removed. People didn’t have to come to the office, didn’t need congregate feeding, didn’t need to do in-person interviews. We need to get back to that — government needs to remove artificial barriers that make it hard for people to access the food that can be provided.”

New York City food service professionals listening session participant

NATIONAL SCHOOL LUNCH PROGRAM (NSLP) AND SCHOOL BREAKFAST PROGRAM (SBP)

Congress should provide free nutritious meals (lunch, breakfast, summer, afterschool meals) for all children in the United States, removing the income test and ensuring all children receive free meals without stigma or burdensome paperwork.

Short of establishing free, nutritious school meals for all, policy options that Congress and USDA could pursue to increase access to nutritious foods through the school nutrition programs include:

- a. Expand the eligibility for school districts to participate in the Community Eligibility Provision (CEP), allowing more students in low- and middle-income school districts to access free school breakfast and lunch. Options include lowering the threshold for CEP eligibility, increasing the federal reimbursement multiplier for CEP schools, and creating statewide community eligibility authority.
- b. Eliminate the reduced price meals category and provide free meals to students who are eligible for reduced price meals.
- c. Establish a national policy for addressing unpaid meal debt that prohibits “lunch shaming” or alternative meals and also lays out a pathway to forgive lunch debt.
- d. Incentivize schools to use innovative serving methods to increase SBP participation, such as grab and go or breakfast in the classroom.

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

Congress should expand eligibility for WIC for children by one year, until their sixth birthday, to ensure there is not a gap in benefits between the end of WIC eligibility (age 5) and the beginning of kindergarten (typically age 5-6), when access to NSLP and SBP typically begins. Children who are age 5 and have not yet enrolled in kindergarten have no targeted federal nutrition assistance available, and this critical window of child development should not be overlooked.

Congress should extend postpartum eligibility in WIC from the current limits of six to 12 months, depending on breastfeeding status, to two years.

Congress should allow private health plans and Medicaid to partner with WIC and offer services for women and children who are above the income threshold for WIC or who do not meet the categorical eligibility.

Congress should increase enrollment by permanently allowing telephone and video certifications and recertifications, which were permitted during the COVID-19 public health emergency, and partnering with health care providers to document health metrics needed to determine program eligibility.

TRIBAL NUTRITION PROGRAMS

Congress should expand 638 Authority, a legal tool for Tribal self-determination that allows Tribes to manage certain federal programs, to all federal nutrition programs. Expanding 638 Authority would allow Tribes to administer federal nutrition programs, including SNAP, The Emergency Food Assistance Program (TEFAP), and the Food Distribution Program on Indian Reservations (FDPIR). Additionally, Tribes should be eligible to directly receive federal funding, rather than through state mediation.

Congress should allow Native American households to enroll in both SNAP and FDPIR during the same month.

Congress should remove the matching requirement for Tribes administering FDPIR.

FRESH FRUIT AND VEGETABLE PROGRAM (FFVP)

Congress should expand FFVP to all elementary, middle, and high schools that participate in CEP. Congress or USDA should require schools participating in the program to serve fruits and vegetables at least three days per week.

USDA should add flexibilities to the FFVP.

- a. School Food Authorities (SFAs) should be allowed to use a percentage (e.g., 10-20%) of FFVP funds on fruits and vegetables intended to be sent home with students at the end of the day (rather than be consumed during the school day). This flexibility was allowed during the COVID-19 public health emergency and could be made permanent, allowing students to prepare and consume fresh fruits and vegetables for an at-home snack with their families.
- b. USDA should review the feasibility of SFAs having a percentage (e.g., 10-20%) of FFVP serving days feature flash frozen or lightly processed fruits and vegetables (i.e., steaming or roasting), to allow SFAs to more easily serve locally and regionally sourced produce year-round, including outside of the local and regional growing seasons.

USDA should increase the allowable percentage allocated for administrative costs for SFAs participating in FFVP, but not at the expense of reduced program allocations. This would incentivize greater participation by SFAs during times when staffing shortages might otherwise prevent them from administering the program.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Congress and USDA should reduce the Child and Adult Care Food Program (CACFP) area eligibility threshold to streamline access to nutritious meals for young children in childcare and reach more low-income families in rural and suburban areas. Area eligibility, the most successful and inclusive CACFP eligibility mechanism, allows family childcare homes in low-income areas to automatically receive the highest CACFP reimbursement rates.

USDA should support the creation of a CEP for childcare centers participating in CACFP, which would rely on direct certification and categorical eligibility similar to community eligibility for the NSLP.

USDA should streamline program operations between CACFP and Summer Food Service Program (SFSP), as many sponsors that operate the CACFP Afterschool Meals Component serve the same children during the summer through SFSP. Currently, sponsors must operate two distinct programs with different requirements to provide meals year-round. Streamlining the two programs would eliminate duplicative paperwork and administrative burdens and allow programs to easily serve children year-round.

OTHER NUTRITION PROGRAMS

Congress should adequately fund Head Start programs to guarantee access for all children under age 5 who qualify for the program (at or below 100% of the FPL). This comprehensive program supports child development and well-being and is an important provider of meals to low-income children.

Congress should reduce lengthy waitlists and eliminate meal cost sharing within Meals on Wheels by increasing federal funding to expand access to all eligible, home-bound older adults who are unable to prepare or afford nutritious meals.

Non-eligible household members should be allowed to purchase meals to create opportunities for communal and family meals.

Health and Human Services (HHS) should issue clear guidance to Meals on Wheels providers on ways to meet the dietary needs of older adults.

Congress should fund investments in affordable, high-quality broadband so that Americans can more easily access federal nutrition programs through online applications, remote interviews, and online ordering in SNAP and WIC.

Congress should decrease or eliminate the area eligibility threshold within SFSP and allow sponsors to operate year-round.

Congress and USDA should allow flexibilities for parents and caregivers to also consume meals within SFSP.

Congress and USDA should make the Commodity Supplemental Food Program (CSFP) available in every state and coordinated with the state's department of elder affairs or aging services.

Congress should increase funding for TEFAP to allow it to meet growing demands for food assistance through the charitable food sector.

“The pandemic policy EBT has been wonderful. (...) When people had more money, they were spending much more at farmers’ markets on fruit and veggies.”

New York City food service professionals listening session participant



Policy Recommendation #2

Eliminate food insecurity among participants of federal nutrition programs by ensuring benefit amounts are sufficient to meet households’ food needs.

Many beneficiaries of federal nutrition programs still report food insecurity, suggesting that benefit amounts are not adequate. There are also gaps in federal nutrition program benefits, most notably for children during the summer when they do not have access to school meals.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should make permanent a nationwide summer electronic benefit transfer (Summer EBT) program that would allow all families eligible for free school meals to automatically receive \$100/month (adjusted for inflation) in EBT benefits per child when schools are closed for the summer (a similar benefit value to the Pandemic-EBT program). The highly successful USDA Summer EBT *demonstration program* reduced food insecurity, improved dietary quality, and served as the basis for the Pandemic-Electronic Benefit Transfer program (P-EBT) during COVID-19 related school closures. All states have increased administrative capacity to implement Summer EBT after operating P-EBT. This is a timely and administratively efficient opportunity to significantly reduce summer hunger among children through federal nutrition programs.

Congress should require that SNAP benefit levels be regularly (at least every five years) reviewed for adequacy, updated to support dietary patterns that align with the latest *Dietary Guidelines for Americans (DGA)*, and adjusted for inflation.

Congress should give USDA the option to use the Low-Cost Food Plan instead of the Thrifty Food Plan as the basis for SNAP benefit allotments.

USDA should phase out benefits more slowly across federal nutrition programs as household income increases. For example, in SNAP, as income rises, benefits are reduced (typically by about *30 cents* for each \$1 increase in income). People receiving SNAP report that this steep drop off in benefits as income rises—called “benefit cliffs”—causes anxiety, high stress, and hesitancy to *enroll* in the program. Properly addressing the phase-out of benefits as incomes rise is essential to successfully addressing food insecurity within SNAP.

Income earned by household members under age 18 should not be counted as part of the total household income for purposes of determining SNAP eligibility and benefit levels.

Policy Recommendation #3

Increase nutrition security by promoting dietary patterns that align with the latest *Dietary Guidelines for Americans (DGA)* through federal nutrition programs.

Approximately one in four U.S. residents, including nearly 30 million children, participate in a federal food assistance program at some point during a typical year. These programs total approximately two-thirds of USDA's budget. At the same time, diet-related illnesses are the leading causes of death in the United States and leading risk factors for COVID-19 hospitalization and death. The U.S. government should leverage its investment in these vital programs to improve nutrition in order to promote optimal health and well-being of participants.

ACTIONS TO ADVANCE THIS RECOMMENDATION

CROSS-PROGRAM

Congress should require that USDA regularly collect, analyze, and report purchasing data from all federal nutrition programs to measure alignment with, and progress toward, improvements in dietary quality and food security for participants in these programs. Data sets should be at the aggregate level, and be made available for public use with all participant and store level identifiers removed. Results should be interpreted in the context of other research on barriers to choosing foods that align with the DGA and trends in dietary intake patterns of federal nutrition program participants compared with the broader U.S. population.

“It’s not even access to the food that’s really the problem. It’s when you get there, you can’t afford it. You’re forced to pick whether or not you wanna eat healthy, or if you’re gonna fill your family up on junk.”

Chicago listening session participant

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Congress should establish a nationwide produce incentive program for all SNAP participants. This could be accomplished by providing sufficient funding for the successful Gus Schumacher Nutrition Incentive Program (GusNIP) so that it can support all SNAP participants throughout the year.

Alternatively, Congress could create a new, additional monthly fruit and vegetable benefit for SNAP participants. The benefit could be structured similarly to the Cash Value Benefit (CVB) in WIC and should be increased as household size increases. *The National Academies of Sciences, Engineering, and Medicine (NASEM)* recommends a WIC CVB of \$24/month for children, \$43/month for pregnant and postpartum women, and \$47/month for breastfeeding women, indexed to inflation. These amounts are estimated to provide enough fruits and vegetables to meet half of the *DGA* recommended intake. The CVB should be allowed to be used for purchases of fruits and vegetables in all forms (fresh, canned, frozen, dried).

If nationwide expansion of produce incentives for all SNAP participants is not achieved, then Congress should increase funding for GusNIP to \$1-3 billion per year and eliminate the matching requirement. Additional opportunities for GusNIP program improvements include:

- a. Increasing technical assistance and support for application preparation, to increase the application pool, and implementation, to facilitate successful programs;
- b. Promoting greater community participation in project design and implementation;
- c. Allowing higher monthly caps on the maximum nutrition incentive value and reducing participant match requirements;
- d. Allowing same day incentives (i.e., discounts);
- e. Supporting infrastructure for statewide expansion and integration into EBT.

Congress should create a deputy administrator for nutrition within USDA's Food and Nutrition Service to ensure that nutrition is at the forefront of all USDA food assistance programs.

Congress and USDA should update retailer incentives and stocking standards to increase the availability and encourage the purchase of foods that align with the latest *DGA* in SNAP-approved retailers. Financial and technical support (e.g., to address supply chain and/or refrigeration issues) should be considered to help smaller and rural retailers meet stronger stocking standards. Such actions to increase access to nutritious foods will benefit both SNAP participants and non-participants.

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

USDA should coordinate future revisions of the WIC food package to automatically occur in connection with new editions of the *DGA*.

Congress should make permanent a higher-value WIC benefit that reflects at least 50% of DGA-recommended intake across all food groups, as evaluated by independent experts at NASEM. This should include, but is not limited to, permanent expansion of the CVB for fruits and vegetables and increased investment in seafood options. Ensuring optimal nutritional intake during pregnancy, postpartum, and early child development should be a top priority for the U.S. government to promote cognitive development, academic strength, and military readiness of the next generation.

Recommended actions for breastfeeding promotion, including through WIC, are included in the Public Health and Nutrition Education section.

NATIONAL SCHOOL LUNCH PROGRAM (NSLP) AND SCHOOL BREAKFAST PROGRAM (SBP)

Congress and USDA should permanently increase the school meal reimbursement rate for all schools to allow flexibility to better align meal patterns with the DGA, afford locally sourced foods, prioritize nutrition in school meals, and cook from scratch, if desired. This rate was increased during the COVID-19 public health emergency, given the persistent supply chain challenges, providing critical support to aid SFAs in better serving children.

Congress should also increase funding for commodities, particularly for breakfast.

Congress and USDA should further update and strengthen the school meal nutrition standards to reflect the latest DGA. Throughout the process, USDA should consider input from key stakeholders, including school nutrition professionals, on issues such as supply chain and staffing challenges.

Congress and USDA should provide robust grant funding to improve infrastructure and update school nutrition facilities required for school nutrition professionals to provide a variety of high quality, nutritious foods to children in alignment with the DGA. This should include technical assistance and additional funding to support the development of full-service kitchens. An investment of \$100-500 million per year could be considered. School nutrition professionals need adequate equipment and infrastructure to prepare nutritious, appealing meals for students.

USDA should prioritize nutrition within school meals by:

- a. Implementing an incentive program to innovate and accelerate efforts to improve the nutritional quality of school meals. This program should recognize excellence in school nutrition innovation, including monetary awards for districts that prioritize things such as culturally relevant menus, incorporation of student feedback on menus, integrated education for nutrition and food preparation/cooking skills, scratch cooking, local purchasing, and meeting or exceeding the nutrition standards.
- b. Establishing and tracking data related to innovative approaches to school nutrition.
- c. Increasing professional development for school nutrition professionals related to developing culturally relevant menu items.
- d. Partnering with national, state, and local organizations to promote and incentivize career development in school nutrition, with an emphasis on BIPOC leaders working in their communities.

USDA should update the meat/meat alternate crediting in school meal programs to accurately reflect the amount of protein in high-protein dairy products (e.g., Greek yogurt).

Congress and USDA should create healthier food environments in schools by expanding access to and implementation of salad bars in school meal programs through training, technical assistance, and grant funding to enable implementation, with prioritization for underfunded schools.

Congress and USDA should strengthen the nutrition standards for Smart Snacks in School, to align with the latest *DGA*, including limits on added sugars, to ensure children have access to nutritious snacks sold in school.

Congress and USDA should improve drinking water accessibility by ensuring that all schools have at least one water bottle filling station in a high-traffic area accessible throughout the day, with filtration, if needed, and, when feasible, ensure availability of cups or reusable bottles for filling water.

USDA, Centers for Disease Control and Prevention (CDC), and the U.S. Department of Education (DOE) should create an interagency task force to share data and recommendations that support improving the school meal experience while fostering a positive school culture and environment. Areas of interest include ensuring appropriate mealtimes and adequate time to eat, using garden-based food education to advance nutrition education, and shaping students' experiences of food in school to advance social-emotional learning and school community building.

OTHER NUTRITION PROGRAM ACTIONS

USDA should assess, communicate about, and improve the nutritional value of commodity foods provided to charitable food partners through TEFAP and the CSFP, by adopting nutrition guidelines for all USDA Food Distribution Programs. Uniform nutrition standards, which are currently absent from USDA Food Distribution Programs, would correct current nutritional quality disparities among USDA programs. One option is to use the *Healthy Eating Research Nutrition Guidelines for the Charitable Food System*.

USDA should allow programs administering CSFP to add produce to the prepared boxes as "extras".

Congress and USDA should ensure that implementation of the CACFP nutrition standards results in meals aligned with the *DGA* for children and adults by providing additional funding and increased reimbursement rates, technical assistance, and ongoing assessment.

USDA should require that childcare and out-of-school programs integrate standards that align with the latest *DGA* into recognition programs, accreditation programs, certification requirements, and rating systems.



“One of the challenges I found is that even receiving food stamps, you don’t have any place to prepare the food or store the food, so that makes it kind of hard. (...) So, for me, the challenge would be to prepare and store food when you’re homeless.”

Oakland listening session participant

Policy Recommendation #4

Improve program convenience and benefit flexibilities for participants of EBT-based programs (e.g., SNAP and WIC) to increase participation in these vital programs and allow the programs to better promote food and nutrition security.

The structure of EBT-based programs has a profound impact on the participant experience and may influence eligible individuals’ decisions regarding program participation. Recent innovations have demonstrated opportunities to improve participant experience by increasing choice and convenience within the programs.

ACTIONS TO ADVANCE THIS RECOMMENDATION

USDA and Congress should continue to expand online SNAP and WIC, allowing participants to make purchases (including produce) through online retailers and farmers’ markets. Online SNAP is already available in nearly all states and should be made permanent. Online WIC should be expanded to additional states.

Congress should ensure more equitable access to nutritious meals through authorizing SNAP for purchases of hot and prepared foods at grocery stores. Not all individuals have access to food preparation tools and storage capacity; most notably, individuals with disabilities or those experiencing homelessness are disproportionately harmed by the current prohibition on using SNAP funds for hot and prepared foods. Additionally, employed individuals, parents, and others who lack the time to regularly shop for food and prepare meals could significantly benefit from this new authorization.

USDA should decrease administrative and regulatory burdens on states to engage in the Restaurant Meals Program (RMP) and ensure prompt review of new state applicants. USDA should also work to incentivize diverse restaurant participation in RMP to increase nutritious options available to RMP-eligible individuals, including older adults and people with disabilities and/or who are unhoused.

“There should be a local budget in every school system where X amount of product, fresh product, is gonna come from the local farmer at a fair market price.”

Selma farmers listening session participant



Policy Recommendation #5:

Leverage the federal nutrition programs' power in economic stimulus to support food systems that promote foods that align with the latest *DGA*.

Federal nutrition programs have a profound, positive impact on local and regional economies. The U.S. government could strengthen the impact of this economic stimulus by allowing more flexibility within programs to support local and regional agriculture.

ACTIONS TO ADVANCE THIS RECOMMENDATION

USDA should eliminate *lowest bid requirements* in food procurement regulations for schools and replace them with a value-based approach. This would be based on an evaluation metric that is based on values including nutrition, climate smart agriculture, local and regional sourcing, fair labor, and distributed and competitive markets (e.g., the *Good Food Purchasing Program*).

USDA should leverage the USDA Foods Program to address school district demand for food and other products that are values-aligned. Mechanisms to do so include creating purchasing targets and specifications for such values-aligned products. Purchasing power should be directed away from vendors with repeated federal labor and environmental law violations.

USDA should provide fiscal incentives, guidance, and technical assistance to help schools procure local or regional foods and/or values-aligned products. This should include a well-funded grant program that enables state agencies to pilot local and regional procurement incentive programs that allow organizations administering school meal programs to choose to source local and regional foods. These include approaches such as reimbursing up to a certain amount for a meal that includes local and regional food (e.g., 10 cents a meal in *Michigan*), additional reimbursement issued during each claim period (e.g., program in *Washington, D.C.*), or a larger reimbursement rate when a threshold is reached (e.g., *30% initiative* in *New York State*).

USDA should expand Farm to School grant program eligibility to early childcare and education sites, summer feeding sites, and afterschool programs.

Congress should expand powers for Tribal governments to make administrative decisions on procurement and distribution within FDPIR, including sourcing locally from Native producers and including more traditional foods within the food packages for low-income households living on Tribal lands.

USDA should allow more options for traditional foods within WIC for Native American participants.

DIVERSE PERSPECTIVES ON SNAP POLICIES

This box summarizes a number of SNAP-related policies for which diverse perspectives were voiced by Task Force members. The Task Force chose to present some of the points that were raised by members rather than make a formal recommendation on these issues. A brief summary of these important perspectives is presented below.

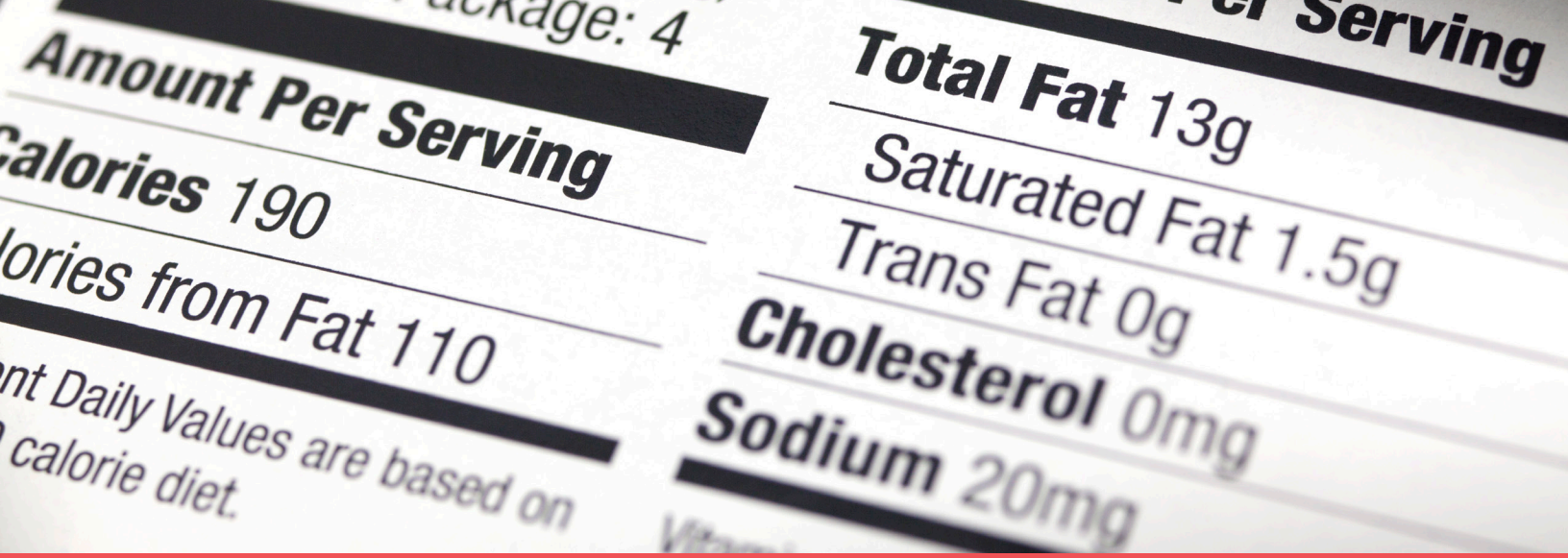
Some Task Force members indicated support for removing work requirements from SNAP, which were waived during the COVID-19 pandemic. They pointed out that the loss of employment is when SNAP is particularly needed and maintained that the work requirement creates undue strain on groups such as low-income college students and some rural and tribal residents who live in areas with limited job opportunities. Some Task Force members suggested that a permanent waiver of work requirements be considered for full-time college students only. Some Task Force members suggested that adult SNAP participants without children or disabilities should still meet work or job training requirements to be eligible.

Some Task Force members indicated support for allowing undocumented immigrants to participate in SNAP, similar to current policies for child nutrition programs such as school meals. Currently, immigrants must have five years of legal permanent residence to receive SNAP benefits. U.S.-born children who are U.S. citizens may receive SNAP, even if their parents are immigrants who have not met the five-year permanent legal residence requirement. Some Task Force members pointed out that the agricultural workforce is comprised largely of immigrants to the United States and contended that, as a matter of human dignity, these workers should have access to federal food and nutrition supports. People with diverse lived experiences said during listening sessions (conducted on behalf of the Task Force in collaboration with community partners) that they supported reducing immigration restrictions. In contrast, some Task Force members said they believe that limited federal resources should be prioritized for U.S. citizens; that broadening SNAP eligibility regardless of immigration status would be unfair to legal residents; and that pursuing the policy would heighten political divisiveness around SNAP.

Some Task Force members indicated support for state-level pilot programs to test combining incentives for more nutritious foods in SNAP with restrictions on SNAP benefits being used for purchases of sugar-sweetened beverages (SSBs). Points raised by some Task Force members included the high levels of diet-related illness and health care costs caused by SSB intake in the United States; the corresponding dietary intake disparities and health disparities among SNAP recipients; the existing policies of other federal nutrition programs to align with the *DGA*; the core aim of SNAP to assist low-income households in buying food they need for good health; the joint enrollment of most SNAP participants in Medicaid and/or Medicare; support expressed by SNAP participants for a pilot program combining incentives for healthier foods with restrictions on purchasing SSBs; and that pilot programs could carefully assess a range of outcomes including effects on psychological endpoints and stigma.

Some Task Force members raised points including that SNAP plays a critical role as an income support program for low-income Americans, especially in the absence of other robust poverty-reduction policies; that certain restrictions already exist in SNAP and that additional restrictions could increase stigma and psychological stress; that low-income Americans already have their lives constrained in many ways that wealthier people do not; and that additional restrictions could send an implicit message that government and society do not trust low-income Americans to make the decisions that are best for them.

Additional recommended actions for research in SNAP can be found in the Research section.



B. Public Health and Nutrition Education

VISION

Equitable food environments and educational initiatives address social and economic barriers and enable all Americans to identify and consume nutritious foods to reduce hunger, improve diet quality, and reduce the prevalence of diet-related diseases.

Policy Recommendation #6

Strengthen, coordinate, and invest in the public health infrastructure to address hunger, nutrition, and health.

Greater investment in and coordination of public health infrastructure, leadership, and workforce are needed to promote and strengthen public health nutrition efforts. Funding should align with priority public health needs, including addressing diet-related chronic conditions that are leading causes of death and disability in the United States.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress and the President's budget should allocate substantially more resources to the Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity, and Obesity, the division that addresses three of the leading chronic disease risk factors. Meaningful increases in funding are needed to allow evidence-based obesity, nutrition, and physical activity programs to operate in all 50 states and the District of Columbia; to coordinate further program development and research across states; and to increase access to nutritious foods in under-resourced communities.

Congress should establish a new deputy commissioner for foods at the Food and Drug Administration (FDA) with accountability to the commissioner and direct authority over the Center for Food Safety and Applied Nutrition (CFSAN), the Center for Veterinary Medicine, and the food-related components and operations of the Office of Regulatory Affairs.

Congress and the President’s budget should allocate substantially more resources for FDA CFSAN—which is tremendously under-resourced compared to the scope of the issues it is intended to address—to allow it to perform its mission of safeguarding the nation’s food supply more effectively.

Congress, the Department of Health and Human Services (HHS), USDA, and state governments should invest in the education pipeline for nutrition education, food service (including school food service and child care), and public health professionals, in collaboration with relevant professional associations, to help grow and sustain the public health and nutrition workforce in the United States. Funding should be allocated for workforce continuing education to support the long-term viability of the public health, nutrition, and food service workforce.

For additional actions to address the training and diversification of the health care workforce, please see [Policy Recommendation #15](#) in the Health Care section.

“Sometimes, we don’t know how to cook things that are being offered like in pantries. I would love it if they offered some sort of workshops to teach us how to cook some of the food that is offered in places like pantries.”

*NYC Bronx listening session participant
(translated from Spanish)*



Policy Recommendation #7

Strengthen federal nutrition education programs, including Supplemental Nutrition Assistance Program-Education (SNAP-Ed), WIC Nutrition Education, and the Expanded Food and Nutrition Education Program (EFNEP), to allow them to provide more effective nutrition education to more people.

Federal nutrition education programs such as SNAP-Ed, WIC Nutrition Education, and EFNEP are key to giving low-income Americans tools and resources to make food choices that align with the latest Dietary Guidelines for Americans (DGA) and stretch their food dollars. However, these programs serve only a small fraction of people who are eligible for food assistance programs. Improvements to program design and policies, along with increases in funding, could help to expand the reach and impact of these vital nutrition and public health programs. Additionally, expanding access to maternal and child nutrition and health education programs for middle-income Americans has the potential to improve health outcomes for populations not currently eligible for these evidence-based, impactful programs.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should expand SNAP-Ed to all U.S. territories.

Congress, USDA, and state governments should strengthen the infrastructure and funding for SNAP-Ed coordination, leadership, technical assistance, and reporting at the federal and state levels.

Congress should increase funding and change SNAP-Ed and EFNEP policies to allow the programs to reach more participants. Current policies and funding levels limit program reach, participation by more diverse providers, and innovations such as family-focused community outreach and peer education programs.

Congress, USDA, and state agencies should better integrate SNAP-Ed with other nutrition education initiatives, such as WIC nutrition education and EFNEP.

USDA should pilot national SNAP-Ed food education partnerships with non-profits and other stakeholders to invite innovation and explore scalable solutions.

USDA should encourage and incentivize health promotion programs and nutrition education within grocery stores, particularly for SNAP and WIC participants and in low-income neighborhoods. Local retailers should be encouraged or incentivized to nudge nutritious purchases, offer one-on-one counseling with a Registered Dietitian Nutritionist (RDN), and promote the use of nutrition education and dietary planning services within stores. Nutrition education should be culturally competent, easy to understand, and rooted in the DGA. Incentives could include grant funding to support, for example, the hiring of RDNs to provide nutrition education, and/or modifying the retail environment to promote purchasing of nutritious foods through behavioral economics/choice architecture strategies (e.g., stocking fruits and vegetables in high-traffic areas of the store).

Policy Recommendation #8

Improve the readability, content, and usefulness of packaged food labels to make it easier to identify more nutritious food options both within and across food categories.

Food packaging and food labels provide opportunities to communicate with and educate consumers about the contents and relative healthfulness of a product. However, consumers may not always understand or be able to fully utilize the information on food labels. Policy changes can help address these shortcomings and improve the effectiveness of consumer education and empowerment through clear and accurate labeling.

ACTIONS TO ADVANCE THIS RECOMMENDATION

FDA should develop an effective front-of-package (FOP) labeling scheme that uses or is based on a transparent, uniform, and science-based nutrient profiling system or specific nutritional parameters. This could include key dietary components such as nutrients of public health concern, food-based ingredients, and other factors prioritized by the DGA. FDA should consider evidence on existing FOP labeling programs and technology, as well as evidence on the most effective label designs with respect to outcomes such as consumer purchasing, product reformulation, and new product introduction that improve diet quality and reduce diet-related diseases. Potential label schemes should be tested in a variety of population groups that reflect the diversity of the United States. At implementation, Congress should provide funding for consumer education to support public use of such a label.¹¹

Congress and FDA should provide increased staffing and resources toward more transparent and informative labeling for consumers, including information about the contents of whole grains, fruits, and vegetables in products that depict or make claims about these ingredients.

Congress and/or FDA should update ingredient lists on food packages to make them easier to read and understand, including aggregating various types of added sugars, refined grains, and non-nutritive sweeteners and using common names for food colors and vitamins.

FDA should encourage online retailers to make efforts to post a clear, legible Nutrition Facts label, ingredient list, and allergen statement at the point of product selection for all products required to carry such a label. Online retailers should make best efforts to ensure that the product label matches the online disclosure and to include statements encouraging consumers (particularly those with specific dietary restrictions and preferences) to check the on-pack product label prior to consumption.

¹¹ The Task Force agreed on the importance of clear FOP labeling as described above, with differing perspectives on whether such labeling should be voluntary only, mandatory or mandatory with warnings, or proceed in a staged approach whereby voluntary is tried first with mandatory as a later option.

FDA should encourage large third-party food ordering and food delivery platforms (e.g., Uber Eats, DoorDash) to provide calorie and other nutrition information at the point of purchase for all restaurants and other retailers otherwise required to provide such information. An example of how this could be accomplished is by encouraging these platforms to link to calorie and nutrition information provided by the restaurant from which the food originates.


Of all adults in the United States,




MORE THAN 9 IN 10 HAVE SUBOPTIMAL
CARDIOMETABOLIC HEALTH




7 IN 10 HAVE OVERWEIGHT
OR OBESITY



6 IN 10 HAVE AT LEAST ONE
CHRONIC DISEASE



5 IN 10 HAVE DIABETES
OR PREDIABETES



5 IN 10 HAVE
CARDIOVASCULAR DISEASE

Sources: Centers for Disease Control and Prevention,
American Heart Association, JACC

Policy Recommendation #9

Reduce the marketing of foods that do not align with the latest *DGA* and increase the marketing of foods that align with the latest *DGA* to children and populations with disproportionate rates of diet-related chronic conditions.

Research shows that food marketing to children impacts children's food beliefs, preferences, and purchase requests. Most national efforts to address food marketing are voluntary and narrowly focused on youth. Although self-regulatory programs to reduce food marketing to children have been in existence for several decades, additional efforts could help to close gaps and reduce the disproportionate exposure to marketing among certain segments of the population, including Black, Indigenous, and People of Color (BIPOC) groups and people with low incomes.

ACTIONS TO ADVANCE THIS RECOMMENDATION

The private sector should strengthen existing and/or implement new self-regulatory policies that limit marketing of foods and beverages that do not align with the latest *DGA* to children under 12. These policies should apply to all forms of media and other communication strategies, including advertising targeted to children from BIPOC populations and/or children living in under-resourced communities.

Congress should establish a federal interagency workgroup to review—and update if necessary—existing draft voluntary standards for food marketing to children. The voluntary standards should be finalized following public comment.

USDA and Congress should review the existing specialty crop checkoff programs, assess their effectiveness and limitations, and determine a more comprehensive and sustainable marketing strategy to better promote and support the growth, transport, availability and affordability of fruits, vegetables, beans, nuts, seeds, and other specialty crops. This effort should be combined with a public education campaign, developed with input from the Advertising Council of America, to promote these products and the adoption of dietary patterns recommended by the *DGA*.

USDA should enforce and strengthen the prohibition on marketing and advertising foods and beverages in K-12 schools that do not meet the nutrition criteria to be sold in schools. USDA should encourage school food authorities to extend this prohibition to include sponsorships and branded foods that do not meet standards in all reformulations, even if the reformulation of the product sold in schools does meet the requirements.

The U.S. Department of Education (DOE) and trade schools, colleges, and universities should establish and implement a voluntary sector-wide initiative focused on reducing the marketing of foods and beverages that do not align with the latest *DGA* on college and university campuses and reducing the power that pouring rights contracts have on the marketing and promotion of sugar-sweetened beverages on campus.

Congress should exercise more frequent oversight of the Federal Trade Commission (FTC) regulatory functions as they pertain to food marketing to children and misleading label claims.

Congress should provide tax incentives to the private sector for the marketing of nutritious foods that are underconsumed by the U.S. population, according to the *DGA*.

The federal government should establish and implement a voluntary sector-wide initiative focused on reducing the marketing of foods and beverages that do not align with the latest *DGA* on online retail platforms, especially those frequented by children and teens.

Policy Recommendation #10

Increase consumer understanding and improve translation of the evidence connecting food, nutrition, and health outcomes.

While nutrition science has evolved significantly over the past several decades, Americans' eating habits have remained poor. The average score on the Healthy Eating Index, a measure of adherence to the DGA, is 58 out of 100 — a failing grade. No age, sex, racial/ethnic, or income group has an average score greater than 65 out of 100. Evidence-based programs, policies, and education campaigns that improve consumer knowledge, promote experiential learning, and expedite translation and dissemination of the evidence connecting food, nutrition, and health are important for promoting long-term behavior change and reducing prevalence of diet-related diseases.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should direct HHS to convene a multisector advisory group to make evidence-informed recommendations for guiding consumers in analyzing and acting on complex and often conflicting nutrition and health information. Special attention should be paid to reconciling inconsistent (and at times, contradictory) health science communications across multiple channels, and the role of the media and other messengers in shaping public understanding of nutrition and health topics.

Congress should provide USDA and HHS with robust funding for public nutrition education campaigns that 1) follow the release of each edition of the *DGA* and promote *DGA* implementation among consumers and 2) aim to improve consumer understanding and use of menu labeling and the Nutrition Facts label. Resources and messaging (e.g., sample MyPlates) should be culturally appropriate and tailored to different populations.

Congress, the DOE, or state or local governments should require or recommend that public schools provide 50 hours of nutrition education per school year. Such programs should include interactive learning experiences such as gardening and cooking and align with the *DGA*. Curriculum should integrate information about guidance for making nutritious food and beverage choices, financial literacy, and media literacy. If this target is not attainable in the short term, 10-20 hours of nutrition education per school year could be an interim goal.



“Sometimes we find that people don’t know what to do with the fruits and veggies they get from the pantry. But having knowledge can be helpful. From a policy level, our schools should be teaching kids to cook.”

NYC food service professionals listening session participant

Congress should fund a pilot program to create a refundable tax credit for low-income individuals for the purchase of home kitchen tools and equipment needed to prepare and store nutritious foods.

Congress and USDA should allocate greater funding and support for policy changes that promote hands-on, longer-term food and nutrition education programs with dedicated staff positions, school meal programs, and state Farm to School initiatives. Such initiatives would allow for more lasting behavior change and improved nutrition in school-age children and low-income populations.

USDA and non-profit organizations should provide resources and technical assistance to food pantries, soup kitchens, and other charitable feeding organizations to improve the nutritional quality of the food that is distributed and provide nutrition education to benefit clients' physical and mental well-being. Food packages and educational initiatives should target the specific needs of participants at various stages across the life course, including a focus on maternal nutrition during preconception and maternal and infant nutrition during the first 1,000 days of life, which is a critical period for early growth and development.

Congress and/or FDA should develop evidence-based, targeted education campaigns to promote nutrition and health literacy among older adults, and to educate older adults about the core elements of the dietary patterns recommended by the *DGA*.

Policy Recommendation #11

Improve the nutritional quality of foods offered in federal, state, and local government facilities, including worksites, military installations and facilities, national parks, and correctional facilities.

The federal government has an opportunity to improve the food environment for the nearly two million people in the United States who are employed by the federal government, the 1.3 million active-duty service members and their families, the 200,000 people who are incarcerated in federal prisons, and the millions more people who visit federal facilities each year. In addition, government purchasing policies and practices can serve as best-practice models to guide industry and private sector efforts.

ACTIONS TO ADVANCE THIS RECOMMENDATION

The General Services Administration and HHS should update and the White House should issue an executive order requiring all federal agencies to implement food service and procurement policies that promote the purchase and serving of foods that align with the *DGA* and the use of local, sustainable foods, when possible. These policies should build on the *2017 Food Service Guidelines for Federal Facilities* and the *Fitwel healthy building amenity certification*, include advice on foods to promote and foods to limit, and incorporate behavioral design and marketing best practices.

The Department of Defense should adopt and implement food service and procurement policies that improve the nutritional quality of foods available in U.S. military installations and facilities to improve food and nutrition security among service members and their families.

Congress and USDA should incentivize culinary medicine training for food service professionals and farm-to-institution sourcing of fresh produce and other foods that align with the latest *DGA* to co-benefit local economies, nutrient density, and food quality. Government agencies with authority over correctional facilities should adopt and implement food service guidelines for prisons that are aligned with the *DGA* and the *Food Service Guidelines for Federal Facilities*. In addition, potable, palatable drinking water should be accessible to incarcerated individuals at mealtimes and throughout the day. Federal regulations should require that drinking water access points are maintained in working order and tested regularly to ensure compliance with water safety standards.

Correctional agencies should implement policies to protect the health and humanity of incarcerated individuals, including providing education and training to food service employees in correctional facilities on preparing and serving nutritious foods, creating a calm eating environment with at least 20 minutes of seated eating time, and eliminating food-based punishments. The food for staff in correctional facilities should match the quality and nutrient density of the food provided to people in custody.

Congress should increase funding for correctional facility feeding programs to improve the quality and nutrient density of the foods served. A funding model similar to school foods could be considered, with reimbursement of at least \$2.00-\$3.50 per person per meal, noting that food costs for adults could be greater than for children.

USDA and Congress should expand the *People's Garden* program, or establish a new grant program for community gardens, to enable individuals and communities to purchase plots of land, as well as inputs such as seeds, soil, and gardening tools, to grow nutritious foods for their communities. Grant funding should ensure that diverse individuals and communities are able to access necessary inputs.

USDA should expand partnerships with the National Parks Service (NPS) to evaluate NPS land that could be used for community gardens. NPS has identified food gardens as part of their Healthy Parks, Healthy People promising practices. Additional resources should be made available for raising awareness of grant programs and resources.

Policy Recommendation #12

Create and invest in programs and policies that promote human milk feeding as the premier source of infant nutrition.

The American Academy of Pediatrics and the World Health Organization recommend that infants be exclusively fed human milk for about the first six months of life, followed by the introduction of complementary foods, and continued human milk feeding through the first two years of life and beyond, given the short- and long-term health benefits of human milk feeding for both the mother and infant. However, only about one-quarter of U.S. infants are exclusively breastfed through six months, rates that fall short of public health targets. Breastfeeding education and policy supports are needed to increase breastfeeding, particularly among populations with disproportionately low rates. Attention should also be given to addressing structural factors and biases that contribute to disproportionately lower rates of breastfeeding and health inequities in BIPOC and other communities. When human milk is not an option, policies and programs should support the availability and affordability of FDA-approved infant formula, consistent with evidence-based recommendations.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should require employers to provide paid time off for breastfeeding mothers to nurse or express breastmilk during the workday. This would build on the existing Affordable Care Act requirements for most employers¹² to provide reasonable break time for employees to express breast milk in a private, non-bathroom location.

The federal government should incentivize or encourage participation in evidence-based breastfeeding promotion programs such as the Baby-Friendly Hospital initiative, which has been shown to *increase initiation and duration of breastfeeding*. Incentives could be used to promote best practices within hospitals.

Congress and federal agencies such as USDA and HHS should increase and expand funding for breastfeeding education, training, and support within federal programs, such as WIC. These initiatives should promote the well-documented health and other benefits of breastfeeding, the availability of lactation counseling and breastfeeding-specific food packages through WIC, and be culturally relevant and aimed at populations with historically lower rates of breastfeeding.

Congress, FDA, and other agencies should implement the *World Health Organization's International Code of Marketing of Breast-milk Substitutes* to align regulations on labeling, marketing, hospital promotions, monitoring, and enforcement with global standards.

¹² Employers are subject to the break time requirement unless they have fewer than 50 employees and can demonstrate that compliance would impose an undue hardship. (<https://www.dol.gov/agencies/whd/nursing-mothers/faq>)

DIVERSE PERSPECTIVES ON SUGAR-SWEETENED BEVERAGE TAXES

As part of its deliberations on policy recommendations to improve public health and nutrition education, the Task Force discussed a federal excise tax on sugar-sweetened beverages (SSBs). Task Force members voiced diverse perspectives on this topic. The Task Force chose to present some points that were raised by some members during its discussions, rather than make a formal recommendation on this topic. A brief summary of these important perspectives is presented below.

Some Task Force members supported a federal excise tax on SSBs as a means to discourage consumer purchase and consumption. They pointed to the high rates of diet-related illness and health care costs caused by SSB intake in the United States and the corresponding disparities in adverse health outcomes among certain population subgroups, including BIPOC groups; the evidence to support the public health impact of these taxes in jurisdictions where they have been enacted; the relative proportion of government spending currently attributable to SSBs purchased with SNAP benefits; and the potential to dedicate such tax revenue to initiatives that improve food security, nutrition security, and diet-related health among low-income, BIPOC, and other historically marginalized populations in the United States.

Some Task Force members raised points that included the potential for financial regressivity of SSB taxes that they said would disproportionately impact low-income Americans, and the potential inconsistency of singling out SSBs when there are also other foods and beverages that do not align with the DGA. Some Task Force members suggested that SSB taxes may be most viable at the state or local levels.



C. Health Care

VISION

All Americans have access to screening for food insecurity and nutrition insecurity, with appropriate referrals to nutrition counseling and Food Is Medicine interventions to prevent and treat diet-related diseases.

Policy Recommendation #13

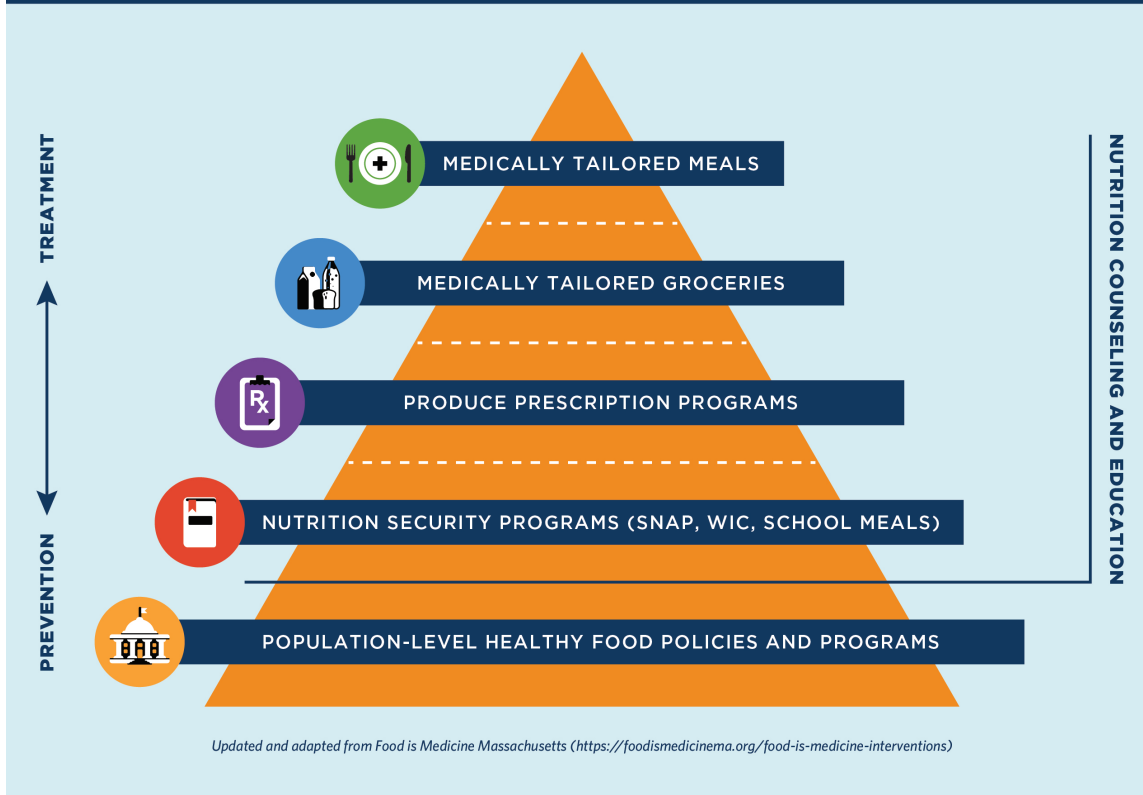
Accelerate access to “Food Is Medicine” services to prevent and treat diet-related illness.

The Task Force envisions a future where “Food Is Medicine” programs such as medically tailored meals, medically tailored groceries, and produce prescriptions are covered benefits for targeted populations in Medicare and Medicaid. “Food Is Medicine” interventions¹³ have documented significant improvements in health outcomes and health care utilization, with evidence for cost-effectiveness and even net cost savings in some circumstances. These programs have rapidly gained interest among health care providers, health systems, payers, and patients as potential tools to improve clinical care for diet-related illness, especially for patients experiencing food and nutrition insecurity.

13 “*Food Is Medicine*” interventions can be considered as a spectrum of programs and services that respond to the critical link between nutrition and health, integrated into healthcare delivery. Examples include programs that provide nutritionally-appropriate food, for free or at a discount to individuals, to support disease management, disease prevention, or optimal health, as part of or linked to the health care system as a component of an individual’s treatment plan.

Food is Medicine: Achieving Food and Nutrition Security from Health Care to Population Health

The Food is Medicine pyramid describes an evolving framework of programs and interventions in healthcare and population health that integrate food-based nutrition interventions at multiple levels for specific needs of different focus populations.



ACTIONS TO ADVANCE THIS RECOMMENDATION

The U.S. Department of Health and Human Services (HHS) and Congress should take actions in partnership with the health care sector so that medically tailored meals, medically tailored groceries, and produce prescriptions are covered benefits in Medicare and Medicaid for appropriate, targeted populations consistent with the evidence base (e.g., adding coverage for patient populations with demonstrated health impacts using effective program models). Potential administrative pathways to expand coverage in Medicare and Medicaid include:

- a. The Centers for Medicare & Medicaid Services (CMS) can promote existing opportunities to test “Food is Medicine” through Medicaid and Medicare flexibilities already allowed through waivers and supplementary benefits. Specifically, CMS can leverage and promote CMS guidance for Section 1115, 1915 (c), 1915(b)(3), and 1915(i) waivers that allow *Medicaid programs to pay* for and test Food is Medicine programs. Food is Medicine programs currently exist in *Massachusetts*, *North Carolina*, *California*, and *Oregon* Medicaid programs.

- b. CMS should also encourage states to pursue options to cover “Food is Medicine” programs within Medicaid using In Lieu of Services provisions, which allow cost-effective substitutes for services already covered under a state’s Medicaid managed care plan.
- c. The Center for Medicare and Medicaid Innovation (CMMI) could authorize and fund demonstration projects of *medically tailored meals (MTMs)* and produce prescriptions in Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) for enrollees with diet-related illness. Both MTMs and produce prescriptions could be tested together as part of a single demonstration project, but the evaluation should assess outcomes separately for MTMs and produce prescriptions, in addition to combined effects. The Secretary of HHS has the *existing authority* to scale these models across Medicare, Medicaid, and CHIP, if the demonstration project provides evidence that the expansion would result in cost savings or be cost neutral while maintaining or improving quality of care.
- d. The Secretary of HHS could allow coverage of Food is Medicine programs under the Optional Rehabilitative Services Benefit and the Mandatory Home Health Care Services Benefit in Medicaid.

By leveraging evidence accumulated through state Medicaid program evaluations, CMS demonstration projects, and/or other scientific research, Congress could create covered benefits for Food Is Medicine programs in Medicare and Medicaid through the following actions:

- a. Congress could create coverage in Medicare by adding “medically-tailored nutrition such as medically tailored meals, medically tailored food, and produce prescriptions” to the definition of “medical and other health services” in Medicare Part B.
- b. Congress could create coverage in Medicaid by adding “medically-tailored nutrition such as medically tailored meals, medically tailored food, and produce prescriptions” in the definitions of the mandatory “home health care services” benefit category; and by including “medically-tailored nutrition such as medically tailored meals, medically tailored food, and produce prescriptions” in the optional “other diagnostic, screening, preventive, and rehabilitative services” category.

As part of all these potential efforts, CMS should ensure that payments from Medicaid and Medicare are sufficient to cover program expenses, are easily integrated into value-based care and fee-for-service models, and do not pose excessive cost burdens to health systems prior to implementation of benefits.

Food is Medicine: Outcomes from a Meta-Analysis of 13 Produce Prescription Interventions in Health Care Settings

FRUIT & VEGETABLE INTAKE:



BODY MASS INDEX (BMI):



HEMOGLOBIN A1C:



Bhat et al., Adv Nutr 2021

ADDITIONAL POLICY ACTIONS TO EXPAND FOOD IS MEDICINE INTERVENTIONS INCLUDE THE FOLLOWING:

Congress should establish MTMs, medically tailored groceries, and produce prescriptions as covered benefits in the Veterans Health Administration (specifically under “preventative health services” under the list of “medical services”), within the Indian Health Service, and in the health care plans of federal employees.

Congress should increase funding for Gus Schumacher Nutrition Incentive Program (GusNIP) Produce Prescription Grant Program as an accelerator for produce prescription programs and double the current \$500,000 limit per grant award to \$1 million or larger to sustain larger-scale projects and robust evaluations that include a comparison group, while also increasing the number of small-scale programs (\$100,000 - \$500,000) to allow for pilots in more diverse geographies and patient populations with a focus on equity. Prioritization for funding should encourage a minimum monthly dollar amount per beneficiary (e.g., \$50) and duration (e.g., six months) to increase likelihood of efficacy.

GusNIP should aim to achieve consistency and transparency regarding produce prescription cards so they can be electronically identified, scalable, and implemented in a variety of retail and market environments.

Congress should create a new program to provide funding to federally qualified health centers to operate Food is Medicine programs. These centers provide care for high-needs populations across the United States, including individuals without insurance coverage, and should have the infrastructure to offer quality care for diet-related illnesses.

CMS and the HHS Office of Inspector General should modernize regulations for the Civil Monetary Penalties Law provisions on beneficiary inducements to reflect value-based care and acknowledge the health benefits of Food is Medicine. These regulations were not designed to ensnare the expansion of evidenced-based treatments to prevent and treat diet-related illness. However, *fear of lawsuits* is currently limiting expansion of Food is Medicine programs across the country. If Food is Medicine programs are covered benefits within health insurance programs, then concerns of inducements would no longer be applicable. In the absence of new covered benefits, additional policy options include:

- a. Issue rules and/or guidance that address the application of the Health Insurance Portability and Accountability Act (HIPAA) to MTM, medically-tailored groceries, produce prescriptions and other providers of health-related social needs items and services (e.g., housing, transportation, etc.);
- b. Issue rules and/or guidance that eliminate inducement liability concerns for health care providers that offer in-kind items and services to address unmet health-related social needs (where the meaning of “in-kind” includes financial incentives such as gift cards or debit cards that can be redeemed only for certain categories of items, such as produce at retail grocery, as per previous *HHS Office of Inspector General policy*);
- c. Disseminate resources to support community-based organizations in understanding and successfully navigating compliance with federal health care laws.

The federal government should convene private health insurance payers and providers to collaborate on ways to include evidence-based nutrition counseling and Food is Medicine programs within private health insurance plans.

Policy Recommendation #14

Increase access to and insurance coverage for behavioral interventions and nutrition counseling to improve diet and health.

Medicare coverage for medical nutrition therapy (MNT)¹⁴ is currently limited to patients with diabetes and kidney failure, leaving millions of older Americans with leading diet-related diseases, such as obesity, high blood pressure, high cholesterol, heart disease, and cancer, without access to nutrition counseling. Medicaid coverage for MNT varies by state as MNT is not a mandatory Medicaid benefit.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should expand evidence-based Medicare and Medicaid coverage for MNT to targeted individuals with diet-related illness, potentially including but not limited to obesity, cardiovascular disease, hypertension, eating disorders, cancer, HIV/AIDS, prediabetes, celiac disease, dyslipidemia, and malnutrition. Congress should also give HHS the authority to expand coverage to include additional diet-related conditions based on the status of the evidence.

Congress and CMS should ensure that Medicare and Medicaid coverage for MNT provides more options for evidence-based MNT coverage for group visits, experiential learning, and cooking classes focused on nutrition assistance led by registered dietitian nutritionists (RDNs).

CMS should expand Medicare coverage of evidence-based, comprehensive weight management programs (e.g., Diabetes Prevention Program) to include virtual program delivery through telehealth. CMS and HHS should actively promote such programs where they are already available without cost sharing in Medicare and private insurance plans to people who may be eligible but have not yet received these services. Utilization of these services is currently very low across the United States.

Congress should expand coverage of behavioral interventions for weight loss to providers who practice outside of a primary care setting, including RDNs, for enrollees in Medicare and Medicaid.

CMS and/or Congress should expand Medicare and Medicaid coverage and flexibilities for telehealth, including for medical nutrition therapy by RDNs. The COVID-19 pandemic greatly accelerated advances in telehealth and has demonstrated it to be a critical component of patient care that offers flexibility and increased access.

HHS, Food and Drug Administration (FDA), and U.S. Department of Agriculture (USDA) should explore opportunities to encourage or incentivize the connection to services provided by RDNs in the food retail setting. Food retail settings could provide a unique opportunity for RDNs and pharmacists to address gaps in health care equity, improve public health, and meet consumer demands for health and wellness services.

14 MNT is a specialized type of nutrition counseling provided by an RDN.

Policy Recommendation #15

Build a diverse health care workforce with appropriate training and expertise in diet and health.

The high costs of education required for a career in health care prohibit many skilled students from pursuing such educational opportunities. Also, nutrition is not always adequately included in medical school curriculum nor represented on licensing exams, which limits physicians' ability to effectively address prevention and treatment of diet-related illness. Investment in training a clinical team that includes RDNs, community health workers, and other non-physician professionals can further help to improve nutrition and health.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Nutrition education for medical students, residents, and practicing physicians should be a priority, as physicians are at the center of key decision-making processes throughout the U.S. health care system. Providers should also be trained to use people-first language and mindfully avoid the negative impact of weight stigma within the patient/provider relationship. Improving nutrition education for physicians and trainees could be accomplished through the following actions:

- a. The American Council for Graduate Medical Education and the Liaison Committee on Medical Education could include nutrition education as a component of accreditation;
- b. The National Board of Medical Examiners and the Federation of State Medical Boards could include nutrition questions relevant to diet-related illness in medical licensing exams, specialty certification exams, and continuing medical education requirements; and
- c. CMS, in collaboration with medical schools, could link funding for residency programs that involve treating diet-related illness to the inclusion of appropriate nutrition education for physicians.

Congress should create a scholarship program to diversify the health care workforce. This program should focus on the recruitment of students from diverse backgrounds that are underrepresented in the health professions, and fund education for future physicians, RDNs, nurses, International Board Certified Lactation Consultants (IBCLCs), and other health professionals. Congress should also invest in fellowship opportunities that promote RDN and IBCLC placement in federal health and nutrition programs.

Congress should further expand student loan forgiveness programs to health care workers after work in the public sector or practice in underserved areas for a certain period of time, including more opportunities for RDNs, community health workers, and nurses. Student loan forgiveness should also be prioritized for health care workers who have made significant contributions during the COVID-19 pandemic.

Providers should be trained to use people-first language and mindfully avoid the negative impact of weight stigma within the patient/provider relationship.

Policy Recommendation #16

Facilitate health system screening for food and nutrition insecurity and follow-up referrals to appropriate interventions.

Including food security and nutrition assessments in routine patient care is a critical first step in laying the groundwork for identifying patients at nutritional risk, referring them to appropriate services, and implementing nutrition interventions.

ACTIONS TO ADVANCE THIS RECOMMENDATION

CMS should collaborate with health care providers and health plans to promote universal screening for food insecurity and nutrition insecurity in federal health care programs, including Medicare and Medicaid.

Options to achieve this goal include:

- a. Wider use of standardized food insecurity screening, including as part of a suite of other determinants of health screenings
- b. Quality metrics that measure providers' and plans' use of screening and referrals for social risks.

This universal screening effort would include treatment planning and follow-up for patients who are identified as food or nutrition insecure, ideally including bidirectional referral systems that allows health care providers to know if the patient was connected with appropriate services.

CMS should explore development of quality metrics that measure the prevalence of chronic disease risk factors (e.g., obesity) and the incidence of chronic diseases (e.g., diabetes) to further incentivize a focus on nutrition security and chronic disease prevention.

The Veterans Health Administration, Department of Defense, and Indian Health Service health care systems should also promote universal screening, treatment planning, and follow-up for food insecurity and nutrition insecurity.

CMS and the American Medical Association should develop specific, appropriate billing codes for nutrition insecurity screening, medically tailored meals, produce prescriptions, and medically tailored groceries, in addition to other Z codes that are specific and actionable to core domains of other social determinants of health such as housing instability. The lack of medical billing codes limits the scaling of treatments within health care settings and makes it challenging for organizations or companies offering these nutrition services to easily partner with health care providers.

HHS Office of Civil Rights should provide community-based organizations operating Food is Medicine programs in partnership with health care systems with more detailed guidance and assistance in navigating legal responsibilities.

- a. This could be accomplished through expansion of *existing HIPAA guidance* regarding permissible disclosures to social service and Food is Medicine program organizations. *Fear of HIPAA violations* may limit expansion of referral systems for patients identified as food or nutrition insecure within a clinical setting.
- b. Clarification is also needed on when a *Business Associate* relationship must be established between a health care system and community-based organization to refer patients to a Food is Medicine provider.

Policy Recommendation #17

Leverage the integral role hospitals play in regional food systems and local communities to improve food and nutrition security for community members.

Health systems are major players in the food economy and often serve as anchor institutions in their communities. Their size and position present significant opportunities to support food systems that promote foods that align with the latest Dietary Guidelines for Americans (DGA).

ACTIONS TO ADVANCE THIS RECOMMENDATION

HHS should encourage or incentivize hospitals to adopt procurement and vending policies that promote nutritious and environmentally sustainable foods and beverages and that allow for more local and regional foods. For example, adoption of the *Good Food Purchasing standards* or *Food Service Guidelines for Federal Facilities* offers a way for hospitals to promote the health of employees, patients, and the communities they serve with the potential to stimulate local and regional food economies.

Nonprofit hospitals should leverage Community Needs Assessments and Community Benefit Programs required by the Affordable Care Act to support nutrition programs like summer meals, farmers' markets, senior nutrition programs, and community nutrition education or to support local food hubs and food policy councils.



D. Research and Science

VISION

A new national strategy of nutrition and food security research investment and coordination will provide for timely, relevant knowledge generation and dissemination to end hunger, improve nutrition, and reduce diet-related diseases for all Americans.

Policy Recommendation #18

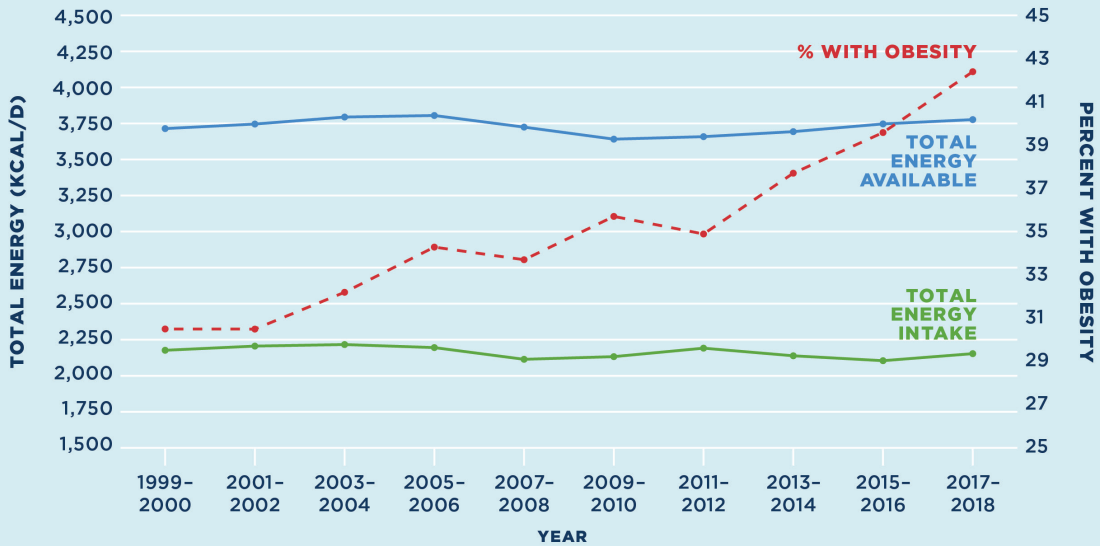
Create a new national nutrition science strategy to improve coordination and investment in federal nutrition research focused on prevention and treatment of diet-related conditions.

Nutrition research is currently funded through more than 10 government departments and agencies, without sufficient coordination or authority for harmonized goals, data-sharing, or translation. Total federal funding for nutrition research is less than \$2 billion annually, while total estimated direct medical costs and productivity losses attributable to diet and/or food total \$1.1 trillion.

A nutrition science strategy with increased investment in nutrition research across federal agencies will create knowledge and opportunities to strengthen federal programs to end hunger, decrease public confusion around eating nutritious foods, and reduce the human and economic costs of diet-related disease. Improved coordination and funding for research on nutrition, hunger, health, and their social determinants is a critical step towards answering some of the most important scientific questions of our time around human health and health equity, and will enable the federal government to leverage nutrition-related knowledge to benefit the public good, the economy, and national security.

Obesity — An Unexplained Epidemic

This figure highlights obesity as a national epidemic and the great need for more science to understand the underlying biology and nutritional causes so that effective interventions can be designed. See this figure's legend in the original publication for more details to describe the figure.



Surprisingly, these data do not show any increase in US energy consumption or availability over ≥20 y, during a time period when obesity has steadily risen. This is true based on two separate data sources: repeated, nationally representative surveys with standardized, interviewer-administered 24-h diet recalls in the NHANES; and accurate information on national food availability compiled and estimated by the UN FAO. Findings on energy intake are similar when stratified by weight status (i.e., normal weight, overweight, obesity), and also similar among US children, in whom obesity rates have also steadily risen.

Source: Mozaffarian D, AJCN 2022

ACTIONS TO ADVANCE THIS RECOMMENDATION

The White House should launch a national nutrition science strategy that accelerates and reshapes the way the U.S. government supports and drives innovation across our food and health care systems, including at National Institutes of Health (NIH), United States Department of Agriculture (USDA), United States Department of Defense (DOD), United States Department of Veterans Affairs (VA), Centers for Medicare & Medicaid Services (CMS) / Center for Medicare & Medicaid Innovation (CMMI), Indian Health Service (IHS), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Federal Trade Commission (FTC), Department of Homeland Security, Federal Reserve, National Science Foundation, and United States Agency for International Development.

The strategy could be guided by an advisory committee comprised of government and non-government stakeholders, including industry, academia, consumers, and advocates. This could be created via a Presidential directive, and direct coordination of existing resources across NIH, USDA, CMS, CMMI, VA, DOD, CDC, and FDA, and include a mechanism providing sustained authority to coordinate federal nutrition research across the federal government.

Create a new National Institute of Nutrition (NIN) at the NIH, accompanied by meaningful new funding to complement existing NIH activities. The NIN would support basic, translational, and policy research; provide health professional training; coordinate nutrition science across federal agencies; and support updates to the *Dietary Guidelines for Americans (DGA)*. The funding should supplement existing NIH research funding and should not supplant funding being provided to existing institutes and centers.

Congress and the President's budget should double federal funding for nutrition research across agencies to at least \$4 billion per year to better support high-impact research on topics related to hunger, nutrition, health, and their social determinants.

The White House should appoint a new Associate Director of Nutrition Science within the Office of Science and Technology Policy. The Associate Director would advise the President on issues related to nutrition research, provide high-level leadership for federal nutrition science efforts, and promote identification and development of coordinated and innovative nutrition research initiatives.

Congress should establish a new U.S. Global Nutrition Research Program to improve coordination and integration of federal food and nutrition research. This program would be modeled after the U.S. Global Change Research Program.

The White House and NIH should create a dedicated system to identify and track federal investments in nutrition research. This coordinated federal nutrition research system would allow for the effective identification and prioritization of scientific discoveries across critical areas. It would also create the capacity to identify and address timely new scientific challenges and opportunities.

Policy Recommendation #19

Increase leadership, coordination, and investment in nutrition research at NIH.

We are on the cusp of incredible scientific discoveries to address hunger, improve nutrition, and reduce diet-related diseases for all Americans. Diet-related conditions such as obesity, cardiovascular disease, diabetes, and cancer are the leading causes of death in the United States and have emerged as leading risk factors for COVID-19 hospitalization and death.

Food and nutrition research also has the potential to catalyze innovation in neurological health, immunity against infectious diseases, infertility, auto-immune disease, mental health, autism, and the other chronic illnesses that increasingly burden our society each year. Translational science is essential for testing and furthering implementation of effective strategies to address food insecurity and costly chronic diseases and for addressing inequities across the food system. As the leading funder of health research in the United States, NIH should make high-quality nutrition research a top priority.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress and the NIH should strengthen and expand the NIH Office of Nutrition Research (ONR). The ONR provides cross-NIH strategy and coordination on nutrition research priorities. This office could sunset upon creation of the NIN.

NIH should provide support for investigator-initiated peer reviewed research on topics of critical importance to hunger, nutrition, and health science, education, policy, and practice. This includes, but is not limited to, the connection between diet and the microbiome, food is medicine interventions, improving nutrition through the federal nutrition programs, the impact of hunger and nutrition on health equity, the role of ultra-processed foods on health outcomes, the role of food additives and compounds in food packaging on health and disease, marketing and determinants of food choice, food accessibility and affordability, impact of agricultural practices on food nutritional quality, local implementation of systems and policy changes, and other translational research.

NIH should invest in more randomized controlled trials in nutrition research, prioritizing studies that have clear mechanisms for impacting dietary intake, to provide advanced insights into mechanisms through which diet impacts biochemical processes, risk factors for illness, and health outcomes in the body.

NIH should invest in development and validation of new research methods in nutrition sciences, such as leveraging mobile technology (e.g., to assess nutritional intake and to promote behavior change), applying computational approaches (e.g., to explore biomarkers within the microbiome), and using artificial intelligence and machine learning.

NIH and other funders should require or incentivize researchers to include the perspectives of public, community, and patient stakeholders at all stages in the research process, including defining research questions, collecting quantitative or qualitative data, interpreting findings, and communicating and disseminating results.

NIH should increase the emphasis on translational and implementation research to accelerate implementation of effective food and nutrition security interventions, with an emphasis on those that advance equity. NIH should prioritize research proposals that:

- a. Include the voices and perspectives of patients to ensure program designs are effective and equitable at meeting health needs and are convenient to use.
- b. Assess the intensity and duration of nutrition programs (including the impacts of scaling benefits by household size).
- c. Assess the nutritional composition of food offerings to identify which dietary patterns are most likely to impact health outcomes.
- d. Explore the impacts of interventions beyond the target individual, such as the effects on health outcomes for household members, or broader economic impacts.

NIH should prioritize and provide federal funding to more effectively address research questions to inform updates to the *DGA*.

NIH, the Health Resources and Services Administration, and CMS should provide support and funding for the training of health care professionals for clinical care and basic and translational science in nutrition through the establishment of nutrition-focused research fellowships and postdoctoral programs.

NIH should provide for more cross-agency nutrition research initiatives through the Common Fund and the Office of the Director.

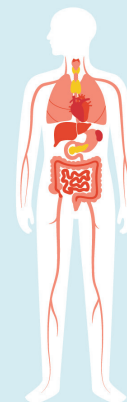
NIH, in collaboration with other agencies, should develop evidence-based dietary guidelines for individuals with diet-related chronic diseases, including obesity, cardiovascular disease, diabetes, and cancer, and evidence-based strategies for making recommended dietary patterns accessible, affordable, and culturally appropriate.

Food and Health — Complex Pathways

This graphic highlights the incredible complexity of pathways and mechanisms whereby diet influences health, and how much is left to learn and can be gained from a major new national investment and strategy in nutrition research



- Blood pressure
- Glucose-insulin homeostasis
- Liver fat synthesis
- Blood lipids, apolipoproteins
- Endothelial function
- Systemic inflammation
- Brain reward, craving
- Gut microbiome
- Satiety, hunger, obesity
- Adipocyte function
- Cardiac function
- Thrombosis, coagulation
- Vascular adhesion



Source: Mozaffarian D, Braunwald's Heart Disease, 2021

Policy Recommendation #20

Utilize research and data sharing to improve nutrition policies and programs across federal agencies.

Federal and state health care and nutrition programs and policies can have enormous impact on poverty reduction, food and nutrition security, health, health equity, and health care spending, if they are designed and implemented appropriately. Greater investment in research and data transparency are important for improving the effectiveness of programs and policies across federal agencies.

ACTIONS TO ADVANCE THIS RECOMMENDATION

USDA and Congress should encourage and fund multiple rigorous pilot programs in SNAP to evaluate different innovative approaches to jointly reduce hunger and improve nutrition, including different combinations of incentives for more healthful items, disincentives for less healthful items¹⁵ (e.g., increasing the price of certain foods or drinks, similar to a tax, but not an explicit ban on items), testing increased benefits levels, and behavioral economics and gamification through mobile technology and online retail applications. Pilots can also test the effects of allowing purchases of hot prepared foods, as well as purchases of food preparation tools relevant to improving food safety and meeting federal food handling and preparation guidelines. Pilots should include participant choice to “opt in” to participation in a pilot program. Evaluations should include the perspectives of SNAP participants, be both quantitative and qualitative, and include assessment of the following outcomes: reach, interest in enrollment, stigma, dignity, satisfaction, food security, nutrition security, and health. These pilots should also seek to establish vehicles for collaboration between the public and private sectors.

USDA, possibly in partnership with CDC and CMS, should examine the relationships between federal nutrition programs and nutrition and health outcomes and use the findings to strengthen federal nutrition assistance programs. Studies could examine the economic impacts of the programs, the impacts of COVID-19 on program outcomes, and consider opportunities to address food insecurity, nutrition insecurity, and health disparities in both the short- and long-term.

Federal agencies, including NIH, USDA’s Economic Research Service (ERS), USDA’s Food and Nutrition Service, CDC, and others, should increase investment in research on policies, food systems, social and *commercial determinants of health*, nutrition and food security, and evaluation of policies and interventions.

15 Some Task Force members did not support pilot testing of combined fiscal incentives with disincentives in SNAP. Perspectives included the belief that disincentives effectively reduce participant choice, could adversely affect the dignity and autonomy of program participants, could increase stigma and psychological stress, and could contribute to lower participation rates. These Task Force members preferred pilots to test incentives only (e.g., discounts for fruits and vegetables). Other Task Force members believed that a combination of incentives and disincentives could be more effective for improving nutrition, health, and health disparities than incentives alone; that incentives and disincentives preserve the ability to purchase products, whereas restrictions ban purchases of certain products; and that a combination of incentives and disincentives provided a practical budgetary and political solution to finance broad nutrition incentives for a range of more nutritious foods to improve well-being for all SNAP participants.

USDA, possibly in partnership with CDC and CMS, should develop, test, and validate nutrition security screening modules, or issue research grants to develop and test standardized surveys. While USDA has put forward a working definition of nutrition security, metrics for evaluating nutrition security are still needed to assess equitable access, availability, and affordability of nutritious foods and alignment of diet quality with key recommendations in the *DGA*, as measured by USDA's Healthy Eating Index score. Once established, nutrition security metrics could be added to ERS food insecurity monitoring surveys.

CMS should make data publicly available on the utilization of Medicare Part C coverage of Food is Medicine programs under the Special Supplemental Benefits for the Chronically Ill. Utilization data should include the amount spent on Food is Medicine treatments, the type of treatments, the geographic reach, and the quantity of patients served. These data could facilitate research on payors' experiences in implementation, identification of barriers to expansion of these benefits, and patient experience.

Congress should provide additional resources for, and CDC and USDA should prioritize, nutrition monitoring including regular data collection and reporting on nutrition behaviors, environments, and policies, including drivers of and strategies to address health disparities. This should include dedicated regular funding for efforts such as but not limited to the National Health and Nutrition Examination Survey, the National Household Food Acquisition and Purchase Survey, the Behavioral Risk Factor Surveillance System, and the USDA National Nutrient Database for Standard Reference; and new collection instruments on environments and policies.

USDA should disaggregate all federal nutrition program participation data by key demographic categories, including race, ethnicity, and gender.

USDA should conduct research on the barriers and facilitators to federal nutrition program participation among individuals who are eligible but not participating.

USDA should prioritize research on the intersections of production, nutrition security, procurement, and equity across its Research, Education, and Economics agencies.

FTC should study the effects of marketing foods and beverages that do not align with the latest *DGA* on children's nutrition and health outcomes (including a focus on traditionally marginalized populations), and on effective ways to reduce negative outcomes.

FDA should invest in research on the effects of food labeling policies such as the updated Nutrition Facts label, health claims, and front-of-package labeling on outcomes such as consumer knowledge, behaviors, or health outcomes. FDA should also evaluate the effects of voluntary limits on additives (e.g., the short-term sodium targets) on outcomes of interest.

Policy Recommendation #21

Catalyze private sector and philanthropic research funding to stimulate high-integrity, transparent investment in unbiased research that can help address the nation's priorities for hunger, nutrition, and health.

Private sector and philanthropic funders play an important role in supplementing federal government investment in nutrition-related research. Funders and researchers should be proactive to advance equity in research and eliminate or mitigate conflicts of interest.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Philanthropic funders and private sector entities should be transparent in disclosing their funding of nutrition research, and research grantees should be transparent in disclosing their funding sources for nutrition research. In addition, appropriate firewalls should be established between funders and research grantees.

Funders should push for researchers to incorporate perspectives of individuals impacted by the program or policy under study at all stages in the research processes, including defining research questions, collecting qualitative or quantitative data, interpreting findings, and communicating and disseminating results.

Research funders should help build the business case for private sector action to address food insecurity, poor nutrition, and diet-related disease by conducting research on the health care costs and economic costs of these problems, and on the impact, cost effectiveness, and potential return on investment for interventions to address these problems.

The Department of Treasury should provide tax incentives for private sector investment in internal research and development of innovations that meaningfully reduce hunger, improve nutrition, and/or reduce diet-related chronic conditions.



E. Business and Innovation

VISION

Private sector actions will reduce hunger, improve nutrition, and decrease diet-related conditions for all people through business innovations, employer wellness policies and benefit offerings, increased food recovery, and increased support for small and marginalized food business owners and small and mid-sized farmers, while strengthening new U.S. small businesses, jobs, and local and regional food systems.

Policy Recommendation #22

Fund and implement a comprehensive strategy to build a national ecosystem of evidence-based, mission-oriented business innovation to reduce hunger, improve nutrition, reduce diet-related chronic conditions, and increase health equity.

Food sector¹⁶ businesses can have a particularly profound impact on hunger, nutrition, and health. Businesses have an opportunity to build positive brand awareness through actions such as adopting procurement strategies, meeting customer demand for healthier foods and transparency, and ensuring accountability towards achieving targets such as the United Nations Sustainable Development Goals.

Further, almost half of global financial assets under management fell within Environmental, Social, and Governance (ESG) investing in 2020. The private sector has a major opportunity to capitalize on this growing popularity if a common metric is established.

¹⁶ Throughout this section, the term “food sector” is broadly defined to include the full range of businesses across the food supply chain, including but not limited to agriculture, retail, manufacturing, aggregators, distributors, restaurant, food service management, and nutrition-focused wellness and health care.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should modify existing tax policies and market-based approaches that incentivize companies across the food sector to grow, develop, market, and sell more nutritious foods and beverages at affordable prices. For example, these could include tax credits for internal research and development on such products, their marketing, and innovations that improve their distribution or make them more affordable.

The United States Department of Agriculture (USDA) should create incentives to support companies across the food sector to participate in or acquire an accountability status that serves to recognize companies that have prioritized social and environmental approaches to improve diet and health. Incentives could include modified tax policies and preference in government contracts. For example, the *B-Corporation* accreditation designates companies with high standards of verified social and environmental performance, public transparency, and legal accountability to balance profit and purpose. Other examples include *Access to Nutrition Initiative*, *World Benchmarking Alliance*, and *INFORMAS Business Impact Initiative — Obesity*, which could be appropriate for larger corporations in specific sectors.

The White House should task relevant federal agencies with incentivizing and convening investors and capital markets around standardized ESG reporting by businesses across the food sector, with a focus on consumer and workforce food security, nutrition, health, racial equity, and health equity; as well as fair wages and working conditions. This should involve development of impact-oriented metrics, transparent data systems for tracking and reporting, and independent adjudication. Key metrics could encompass: (1) product healthfulness, (2) product distribution and equity (affordability and accessibility), (3) marketing policies and spending, and (4) nutrition-related governance.

Congress should incentivize, through tax policy, the prioritization of food security, nutrition, health, and health equity by investors and capital markets in their ESG and impact investment decision making processes.

Congress should create incentives for food retail companies to hire registered dietitian nutritionists (RDN) to support nutritious food retail and to support customers in making food choices that align with the latest *Dietary Guidelines for Americans (DGA)*.

Congress should incentivize companies to invest in innovation around workforce development to expand nutrition literacy and social equity. This would allow companies to expand and deepen skills among their own management and employees, including food production workers, chefs and restaurant staff, food service workers, public health workers, food entrepreneurs, retail store and restaurant owners and managers.

Policy Recommendation #23

Support new and small food sector businesses owned by historically underserved and marginalized groups.¹⁷

Successful small businesses owned by historically underserved and marginalized groups can strengthen communities through economic empowerment, create new businesses and jobs, and strengthen local and regional food systems.

ACTIONS TO ADVANCE THIS RECOMMENDATION

USDA should incentivize community development finance institutions and community development corporations to provide loan opportunities for food sector businesses that are owned by those in historically underserved and marginalized groups, and that focus on food and nutrition-related companies centered on health, equity, and sustainability. This should be tailored to the needs of small food sector businesses owned by historically underserved and marginalized groups, and include capacity to forgive loans by incorporating funds that support “groans”—a mechanism that allows the conversion of a loan into a grant.

Congress should utilize tax policy (e.g., deferred taxes on capital gains) and the Small Business Administration (SBA) should create new tailored loan and grant programs to support investment and catalyze growth in food businesses that are owned by individuals in historically underserved and marginalized populations, and that focus on food sector companies centered on food security, health, equity, and sustainability.

SBA should create a meat processing loan program that is tailored to the needs of tribal communities, which often conduct small-scale processing. This could be modeled after the recent Meat and Poultry Processing Expansion Program, but be specifically designed for smaller operations within tribal communities.

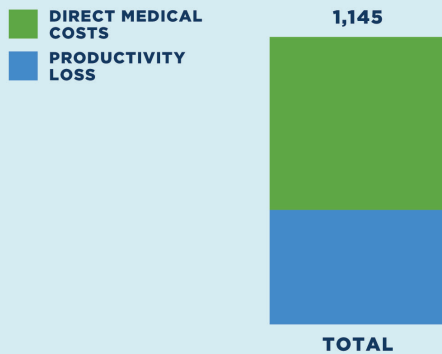
Congress and USDA should create a new program, administered through the states, that provides locally relevant technical assistance (legal support, accounting support, etc.) to food sector businesses that are owned by individuals in historically underserved and marginalized populations.

Congress and the Department of Commerce should launch a common fund to finance appropriate food startup companies and support experts in business, nutrition, and sustainability as startup advisors. This fund would prioritize partnerships with food sector businesses that are owned by individuals in historically underserved and marginalized populations.

The U.S. Department of the Treasury and the U.S. Department of Housing and Urban Development (HUD) should create new opportunity zone and urban renewal zone incentives for investments to improve equity in food security, nutrition, and health in underserved communities. This could be led by HUD through the new urban renewal zone criteria and Community Development Block Grant Program eligible investment areas.

¹⁷ The White House’s *Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* defines “underserved communities” as “populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by” ... “such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.”

Annual Health Costs of the Food System (BN, USD)



The food system causes more than \$1.1 trillion in health care costs annually. This figure includes direct medical costs and/or productivity loss from overweight/obesity; other non-communicable diseases such as cardiovascular disease, hypertension, cancer, and diabetes; food insecurity; and the impact of pollution (e.g., air, water).

Source: The Rockefeller Foundation, 2021.

Policy Recommendation #24

Encourage the private sector (food and non-food businesses) to improve food security, nutrition, and health through food- and nutrition-focused offerings in company offices, events, benefit packages, and insurance plan designs.

The private sector has a vital role to play in reducing hunger, improving nutrition, and decreasing diet-related conditions for all people. There is political support for the private sector's involvement in improving nutrition, food security, and health as exemplified by the inclusion of private companies in the 2021 United Nations Food Systems Summit and providing input to the upcoming White House Conference on Hunger, Nutrition, and Health. Further, companies have an economic incentive to address these issues, which—as demonstrated by True Cost Accounting for food—impact health care costs and worker productivity rates.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should provide new fiscal incentives for employers to incorporate health and wellness policies that advance food security and consumption of foods that align with the latest DGA, including through products served and sold in their facilities, at meetings, and offsite events. This would include values-based procurement policies that assess not only price but also nutrition, climate smart agriculture, local and regional sourcing, fair labor, and distributed and competitive markets.

Congress and/or the Department of the Treasury should create an incentive for employers and health insurers to offer benefit packages that support food security, nutrition, and prevention and treatment of diet-related chronic diseases through healthier eating and provision of evidence-based lifestyle change programs and services. Examples of programs and services include medical nutrition therapy, the Diabetes Prevention Program, and intensive behavioral therapy for weight loss. Employee participation in these programs or achievement of health metrics should not be tied to health insurance premiums or cost-sharing.

Congress and/or the Department of Treasury should create a favorable climate for innovation among entities that are in a position to monetize improved health outcomes, such as the life insurance industry. Policy changes could include allowing tax deductions for individual insurance premiums for products with wellness incentives or rewards. Such programs should incentivize improvement in health behaviors or health status and should not solely recognize and reward those who are already in good health. Examples of successful programs include novel technology-based programs that provide financial and other rewards for healthier eating (e.g., *John Hancock Vitality*).

Policy Recommendation #25

Increase the ability of food companies to communicate with consumers about the evidence for healthfulness of certain food products and nutrients.

Outdated and/or inefficient Food and Drug Administration (FDA) regulatory requirements and processes create barriers to consumer communication about the healthfulness of food products or nutrients. For example, FDA's current definition for "healthy" is outdated and not widely used on food packages. FDA regulations for health claims require significant scientific agreement that a food or food component may reduce the risk of a disease or a health-related condition, and such claims must have FDA preapproval for use. While FDA-approved drugs must be safe and effective for their intended purpose, the FDA lacks a similar process for foods, disincentivizing research and development on "functional foods", and preventing streamlined communications with consumers about the health benefits of certain foods or nutrients.

ACTIONS TO ADVANCE THIS RECOMMENDATION

FDA should expeditiously update its definition of the word "healthy" and incentivize food companies to use the terminology and/or associated symbol in their food packaging and marketing and increase the proportion of products on the market that meet the "healthy" definition.

Congress and/or FDA should improve and streamline the process for application, review, approval, and use of health claims and qualified health claims on food packages. Current statutes restrict disease prevention and treatment claims to drugs, even if evidence supports such benefits for certain foods, nutrients, dietary patterns, or other dietary factors.

Congress and/or FDA should create a new process for communicating about foods, nutrients, and other bioactive ingredients that may prevent or treat disease through label claims.

Policy Recommendation #26

Improve the resiliency, accessibility, and nutritional quality of the food supply.

The food supply chain was tested during the COVID-19 pandemic, and more than two years after the pandemic began, challenges with resiliency remain. At the same time, the poor nutritional quality of the food supply (eg, excess sodium and added sugars, particularly in packaged, highly-processed foods) make it difficult for consumers to follow the DGA. Efforts to address supply chain challenges and the nutritional quality of the food supply through incentives and regulations can help to improve hunger, nutrition, and health in both the short- and long-term.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress and federal agencies should use licensing, zoning, and tax laws (e.g., contractual limitations, economic development incentives, and Energy Star credits) to improve food and beverage offerings in retail environments including supermarkets, grocery stores, corner stores, and convenience stores. Policies should aim to reduce the marketing of foods that do not align with the latest DGA; increase the depth of stock for minimally processed fruits and vegetables, protein foods, and whole grains; and prioritize the placement and promotion of products that align with the latest DGA. Financial and technical support should be considered to help smaller and rural retailers meet stronger stocking standards.

USDA should create a loan program for regional food hubs and regional food processor businesses (including specialty crops, value added products, etc.) to support the growth of local food systems and help improve resiliency in the food supply chain.

Congress, FDA, and the private sector should incentivize restaurants to increase their offerings of appropriately sized nutritious options on menus, reduce value-based pricing, and adhere to voluntary or mandatory industry targets that shift default menu choices toward healthier food and beverage options for both adults and children.

FDA should work to assess the efficacy and implementation of short-term targets for reducing sodium in the food supply and use this information to inform the development and implementation of long-term targets.

FDA should amend the standards of identity to allow for the use of salt substitutes across product categories.

FDA should establish and work with industry and other stakeholders to implement short- and long-term targets for reducing added sugars in the food supply.

Congress should incentivize companies to implement proactive strategies that improve resiliency in the supply chain for food and related products and reduce future disruptions caused by public health emergencies, natural disasters, and other threats. This would improve resiliency and access to specialty crops, infant formula, and other foods that align with the latest DGA.

“Often, you are making choices on what is available to you. We shouldn’t expect people to search for food outside of their communities, yet we do so for poor people.”

*NYC food service professionals
listening session participant*

Policy Recommendation #27

Increase the number of new small and mid-sized farmers growing specialty crops and other foods recommended by the *DGA*.

More accessible specialty crops are key to healthier and more sustainable food systems, which promote vitality in local communities¹⁸. Interest in farming and insuring specialty crops has grown substantially in the last 30 years, as demonstrated by an increase of over \$19 billion in liabilities from 1990 to 2020. More is needed to support this growth—especially as the farming workforce, with an average age of 57 years old, transitions out of the business.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should create a Farmer Corps to support new farmers as they learn, and fund it at an amount that greatly expands the Beginning Farmers and Ranchers Development Program (BFRDP). This program would provide one to two years of funding to beginning farmers to engage in paid internships and apprenticeships with experienced small and mid-sized farmers growing specialty crops using regenerative and sustainable growing practices. Funding would cover both a living wage and housing for program participants.

USDA should allow privately-owned, small and mid-sized farms growing specialty crops for at least three years to apply for BFRDP grants. This would allow farmers engaged in training new farmers to apply for funds to create apprenticeships and should include coverage of required expenses such as a living wage and housing for trainees.

USDA should add a point allocation system in the review and awarding process for BFRDP grants that would prioritize beginning farmers with an intention to grow specialty crops, using sustainable agriculture practices, and growing on small to mid-sized farms.

USDA should create a guaranteed loan program to support new small and mid-sized farmers growing specialty crops on leased land using regenerative and sustainable farming practices. These tenant farmers often sacrifice investment in soil health for financial returns for the landowner. This access to capital could allow tenant farmers to prioritize regenerative agriculture practices.

USDA should create incentives for small and mid-sized farms growing specialty crops to create Community Supported Agriculture programs to serve their communities.



“There needs to be mindset changes and understanding that if we are gonna continue to eat and survive healthily, that there needs to be more support for agriculture systems.”

Selma farmers listening session participant

¹⁸ *Specialty crops* include fruits and vegetables, tree nuts, dried fruits, horticulture, and nursery crops.

Policy Recommendation #28

Increase food recovery¹⁹ from farms, grocery stores, restaurants, and other food businesses for the purpose of donating to entities that address hunger and food insecurity.

Food recovery has the potential to improve hunger and nutrition, as well as take full advantage of food products along the supply chain and reduce economic losses. The limited tax deduction for food donation that exists under current law is a burdensome hurdle for food producers. Barriers for retailers and other food sector businesses should also be addressed to increase their participation in food recovery efforts.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should create a new tax incentive option that makes it easier for farmers to justify the costs of donating crops and reflects the price of crops at market. This new incentive should also address costs for transportation and cold storage for donated crops.

Congress should clarify and strengthen the liability protections in the Bill Emerson Good Samaritan Food Donation Act that apply to businesses donating food, including grocery stores, restaurants, and other retailers, to remove barriers for private sector participation in food recovery.

Congress should include transportation and processing as separate costs eligible for an enhanced tax deduction, or provide other financial support to the charitable food sector, for transporting products from farms or distribution centers. These steps are essential and often present a significant barrier to farmers, charitable food organizations, and businesses attempting to participate in food recovery.

Congress and/or the White House should direct FDA to evaluate existing date label standards for food safety and food quality. The use of different date labeling schemes throughout the marketplace can make it more difficult to donate food that would otherwise be considered safe for consumption and can be confusing to consumers who may have received food products through an entity addressing food insecurity. Upon evaluation, FDA could encourage widespread adoption of existing systems, and determine whether adaptation may be needed to support the goals of a date labeling scheme that is clear and understandable to consumers. *FDA has indicated* its support for a voluntary *effort*, which is in use by many retailers and wholesalers in the United States, to standardize date labeling terms related to food quality.

¹⁹ *Food Recovery* is defined by the U.S. Environmental Protection Agency (EPA) via the “food recovery hierarchy.”



F. Federal Coordination

VISION

Federal programs, policies, and investments related to food, nutrition, hunger, and health are coordinated across federal agencies, with additional collaboration with state and local governments, non-government organizations (NGOs), and the private sector, to maximize impact, increase efficiency and return on investment, and promote equity, informed by the lived experiences of people affected by hunger and disparities in chronic conditions.

Policy Recommendation #29

Improve coordination and collaboration among, and increase accountability for, federal agencies to address hunger, nutrition, and health.

According to a 2021 report by the U.S. Government Accountability Office (GAO), federal programs to address hunger, nutrition, and diet-related chronic diseases involve at least 200 different programs across 21 different federal agencies. GAO concluded that diet-related diseases in the U.S. are deadly, costly, and preventable, and that the fragmentation and lack of coordination across agencies greatly reduces the effectiveness of these programs.

Improved coordination and collaboration among federal agencies can improve efficiency of operations and resources, increase resiliency, and promote cross-agency learning and cooperation. Similarly, improved coordination and collaboration between government agencies at the federal, state, and local levels and with NGOs and the private sector can streamline activities and accelerate impact.

“We’re preaching the same tone.
Let’s do something about it.”

Selma listening session participant

ACTIONS TO ADVANCE THIS RECOMMENDATION

The White House should create, and Congress should fund, a federal interagency working group with robust authority and dedicated funding to coordinate implementation of the strategy announced at the White House Conference on Hunger, Nutrition, and Health. This should include a lead office or agency to spearhead the national strategy. The interagency working group should have the authority and resources to convene key federal agencies and identify, coordinate, and implement the laws and regulations that shape our national food and health care systems. This interagency working group should reflect the diversity of the U.S. population.

An advisory council should be convened to provide guidance to the federal government on implementation of the strategy announced at the White House Conference on Hunger, Nutrition, and Health. This group should include stakeholders outside of the federal government, including state, local, and tribal governments, as well as academia, civil society, public health, and the private sector, and be diverse in its perspectives and demographic characteristics.

The White House should instruct the Centers for Disease Control and Prevention (CDC) to periodically measure and report on progress toward 1) implementation of the strategy announced at the White House Conference and 2) achievement of targets for improved hunger, nutrition, and health in the U.S. The evaluation strategy should include metrics that assess both implementation of the strategy and progress toward improved outcomes by 2030.

The White House should appoint appropriate experts and maximally leverage the abilities of existing groups to address hunger, nutrition, and health, including within the Office of Science and Technology Policy and the Office of Disease Prevention and Health Promotion. The President's budget and Congress should provide increased resources for staffing and activities of expert advisory boards, such as the *President's Council of Advisors on Science and Technology* and the *President's Council on Sports, Fitness & Nutrition*, to liaison with and leverage these groups. These advisory boards should include experts in hunger, nutrition, and health.

Congress should require that the Administration provide a detailed response to the recent [2021 GAO report](#) on the need for coordination in efforts addressing diet-related chronic conditions.

The White House should establish and fund a modern public health information technology system, operated by the U.S. Department of Health and Human Services (HHS), to organize and better coordinate health information across federal agencies.

Congressional committees with jurisdiction over agriculture, food, and health issues, including the House Agriculture Committee; House Committee on Energy and Commerce; House Ways and Means Committee; Senate Committee on Agriculture, Nutrition and Forestry; Senate Committee on Health, Education, Labor and Pensions; and Senate Committee on Finance, should improve and increase coordination and collaboration to achieve shared goals related to hunger, nutrition, and health.

The federal government, across all agencies focused on health and nutrition, should fund pilot programs specifically aimed at addressing racial and other inequities in health outcomes.

Policy Recommendation #30

Establish new structure, leadership, and authority within the federal government to increase effectiveness and synergies of diverse hunger, nutrition, and health efforts across agencies.

A sustained structure and authority for federal leadership on hunger, nutrition, and health issues is needed to establish and implement an efficient, high-impact, all-of-government approach, with the goal of reducing fragmentation and identifying common goals across government agencies and sectors. Actions to create this leadership and establish coordination across the government will help to create a more equitable, productive, and healthy future population.

ACTIONS TO ADVANCE THIS RECOMMENDATION

Congress should establish, and the White House should direct and oversee, a new Office of the National Director of Food and Nutrition (ONDFN), led by a National Director. This can be adapted and apply learnings from the Office of the Director of National Intelligence, which since its creation after September 11, 2001, has successfully led and integrated the diverse intelligence efforts that were previously fragmented across 16 departments and agencies. The ONDFN would be led by a new, cabinet-level Director of National Food and Nutrition, with about half of its staff detailed from participating departments and agencies. The ONDFN would serve as the principal coordinating agency and advisor on food security and diet-related chronic conditions, informing the White House, the heads of executive branch departments and agencies, senior military commanders, and Congress.

The White House and federal agencies should establish a formal structure for proactive engagement with diverse non-government stakeholders on issues related to hunger, nutrition, and health, including individuals with diverse lived experiences.

Congress and the White House should establish a new leadership position, such as a deputy undersecretary position within HHS, focused on the underlying drivers of poor health (including diet, hunger and food insecurity, and social determinants of health). This position would oversee and coordinate the linkage of existing federal efforts to enhance the national public health system, which would include initiatives to address food insecurity, the growing epidemics of obesity and diabetes, and other diet-related chronic conditions and their root causes.

The White House should appoint a new Deputy Assistant to the President for Hunger, Food and Nutrition within the Domestic Policy Council to advise the President on and elevate these pressing issues.

The White House and the HHS should reconvene the National Prevention, Health Promotion, and Public Health Council and expand its focus to encompass social determinants of health. This Prevention Council 2.0 could guide an all-of-government approach to address the structural drivers of health, including a focus on the underlying determinants of chronic-disease prevention.

Recommendations for improving coordination within specific domains are included in the sections of the report for those domains.

New Office of the National Director of Food and Nutrition (ONDFN)

KEY CHARACTERISTICS

- ✓ President-appointed, Senate-confirmed Director of National Nutrition, serving as the Principal Nutrition Advisor to the White House, heads of executive branch departments and agencies, senior military, and Congress
- ✓ Modeled after the Office of the Director of National Intelligence, created after September 11 to coordinate fragmented national intelligence efforts
- ✓ Coordinate and harmonize the work of the 10+ US departments and agencies that comprise the federal food and nutrition community, including NIH, USDA, USAID, DoD, VA, CDC, FDA, DoE, CMS, CMMI, NASA, and more
- ✓ Assess and improve effectiveness and synergies of federal food and nutrition research and policy
- ✓ Ensure that timely and objective national nutrition information is provided to the White House, federal agency leaders, military commanders, and Congress

ADVANTAGES

- ✓ Tested, effective model
- ✓ Dedicated leadership, staff, and funding
- ✓ Builds on the ICHNR, with much stronger coordination and synergies across departments and agencies and a stronger dissemination platform
- ✓ Can be mobilized to advise on urgent situations (e.g., COVID-19) which require pre-existing robust leadership and coordination across agencies and departments
- ✓ Broader than solely nutrition research, intersects with food assistance

Source: Fleischhacker et al. AJCN 2020

V. POTENTIAL BUSINESS COMMITMENTS

This list provides potential business commitments recommended by the Task Force to advance the White House Conference goals of ending hunger, improving nutrition, and reducing diet-related disease. Relevant sectors that could undertake these goals include, but are not limited to agriculture, supply chains, retail, restaurants, food manufacturers, health care, and wellness, as well as investors in these sectors.

1. **Advance nutrition equity and nutrition security**, including to (a) expand market footprints into low-income and minority communities with outlets that sell a variety of convenient, nutrient-dense foods, including produce and infant formula, at affordable prices; (b) expand affordable e-commerce for nutritious foods including Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) options; (c) expand focus on nutrient-dense foods in school meals through business relationships with school food authorities.
2. **Engage in fair marketing practices** to (a) increase the proportion of and investment in marketing and influencer use of nutritious foods in their portfolios; and (b) reduce food marketing (other than to promote healthy habits) to children younger than 8 years across multiple venues (including traditional marketing as well as games, apps, online, and other digital media).
3. **Increase the proportion and sales of healthful foods and ingredients** in their portfolios, such as fruits, whole grains, vegetables, beans, legumes, nuts, seeds, plant oils, yogurt, fish, and seafood.
4. **Reduce sodium and added sugar**, based on the Food and Drug Administration's (FDA) *guidance for industry on voluntary sodium reduction goals* and the *Dietary Guidelines for Americans (DGA)* recommendations for added sugars; and work collaboratively with the FDA and National Salt and Sugar Reduction Initiative on longer-term sodium and added sugar targets.
5. **Invest in a robust research and development (R&D) portfolio, including internal research and transparent external collaborations with universities and government**, focused on nutrition, equity, and health. This could include transparent collaborations on maximizing nutrition, population health, workforce readiness, health of the warfighter, children, and seniors. R&D should also touch on the microbiome, immunity, diabetes and other chronic diseases, and vulnerable populations, and include market research.
6. **Support evidence-based, independent, voluntary investment standards** for companies that advance food security, nutrition, equity, and sustainability. These might incorporate, for example, Environmental, Social, and Governance (ESG) metrics for food sector companies.

7. **Support food entrepreneurs who are advancing nutrition, equity, and sustainability, with an emphasis on Black, Indigenous, and people of color (BIPOC) food entrepreneurs**, including to (a) commit to unimpeded supply chain access, (b) launch a common fund (through Department of Commerce) to finance appropriate food startups and support experts in business, nutrition, and sustainability as startup advisors, (c) prioritize partnerships with BIPOC-owned food sector businesses, and (d) reform procurement to advance nutrition, equity, and sustainability.
8. **Create a national fund to support the registered dietitian nutritionist (RDN) career pathway for BIPOC populations.** With matching government funds and oversight, set a goal to educate, certify, and employ 10,000 BIPOC RDNs over the next 10 years to bring lived experiences and fresh insights to the profession.
9. **Invest in workforce development** to expand nutrition literacy and social equity, expanding and deepening skills among management and employees, including but not limited to chefs and restaurant staff, food production workers, public health workers, food entrepreneurs, and retail store and restaurant owners and managers.
10. **Commit to employee nutrition security** by implementing practices such as living wages, workplace safety, and bold and innovative wellness programs that provide sound nutrition education and directly reward and incentivize offering foods that align with the latest DGA. These efforts will benefit the food sector workforce and serve as a model for other employers of all sizes and types.
11. **Support evidence-based, independent, voluntary nutrition standards** to help combat public misinformation, confusion, and lack of trust.
12. **Prioritize corporate philanthropy to support nonprofit organizations and advocacy efforts to end hunger and improve nutrition**, including efforts that highlight the importance of the federal nutrition programs, the role that health care systems can play, and positive impacts on the nation's economy, equity, and health and well-being.

APPENDIX A. ACRONYMS

BFRDP	Beginning Farmers and Ranchers Development Program
BIPOC	Black, Indigenous, and People of Color
CACFP	Child and Adult Care Food Program
CDC	Centers for Disease Control and Prevention
CEP	Community Eligibility Provision
CHIP	Children’s Health Insurance Program
CMMI	Center for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CSFP	Commodity Supplemental Food Program
CVB	cash value benefit
DGA	Dietary Guidelines for Americans
DOD	U.S. Department of Defense
DOE	U.S. Department of Education
EFNEP	Expanded Food and Nutrition Education Program
EPA	U.S. Environmental Protection Agency
ERS	Economic Research Service
ESG	Environmental, Social, and Governance
FDA	U.S. Food and Drug Administration
FDPIR	Food Distribution Program on Indian Reservations
FFVP	Fresh Fruit and Vegetable Program
FOP	front-of-package
FPL	federal poverty level
FTC	Federal Trade Commission
GAO	Government Accountability Office
GusNIP	Gus Schumacher Nutrition Incentive Program
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HUD	U.S. Department of Housing and Urban Development
IBCLC	International Board Certified Lactation Consultants
ICHNR	Interagency Committee on Human Nutrition Research
IHS	Indian Health Service
MNT	medical nutrition therapy
MTM	medically tailored meals
NASEM	National Academies of Sciences, Engineering, and Medicine
NIH	National Institutes of Health
NIN	National Institute of Nutrition
NPS	National Parks Service
NSLP	National School Lunch Program
ONDFN	Office of the National Director of Food and Nutrition
ONR	Office of Nutrition Research (at NIH)
P-EBT	Pandemic Electronic Benefits Transfer program
RCT	randomized controlled trials
R&D	research and development
RDN	Registered Dietitian Nutritionist
REE	Research, Education, and Economics agencies
RMP	Restaurant Meals Program
SBA	Small Business Administration
SBP	School Breakfast Program
SFA	School Food Authorities
SFSP	Summer Food Service Program
SNAP	Supplemental Nutrition Assistance Program
SSB	sugar-sweetened beverage(s)
TANF	Temporary Assistance for Needy Families
TEFAP	The Emergency Food Assistance Program
USDA	U.S. Department of Agriculture
VA	U.S. Department of Veterans Affairs
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

APPENDIX B: CONVENING AGENDAS

New York City Convening Informing the White House Conference on Hunger, Nutrition, and Health

Tuesday, June 21, 2022
10:00 a.m. - 2:00 p.m.
Doors open at 9:30 a.m.
Gracie Mansion

Goals

Engage participation and input from multisector stakeholders, including individuals with diverse lived experiences in the food and nutrition opportunities and challenges facing the nation, to:

1. Bring together critical viewpoints and highlight how city-level policies can provide solutions to end hunger, improve nutrition, and reduce diet-related chronic diseases in the United States.
2. Identify food and nutrition-focused innovation in cities as crucibles for innovation around hunger, nutrition, and health.
3. Create public knowledge, awareness, and enthusiasm for the White House Conference.
4. Summarize the discussion and conclusions as a Proceedings to inform a final overall Report, with both submitted to the White House ahead of the Conference.

This event will uplift and empower New Yorkers to engage in robust discussion of pertinent issues and solutions to achieve the White House Conference goal of developing a roadmap to end hunger, improve nutrition, and reduce diet-related chronic diseases in the United States by 2030.

Agenda

8:00 AM REGISTRATION OPENS

9:00 AM OPENING SESSION

- Introduction: **Kate MacKenzie, Executive Director, Mayor's Office of Food Policy**
- Welcome: **Mayor Eric Adams**
- Remarks by **Congressman Jim McGovern** and **James Oddo** (former Borough President of Staten Island and former member of the New York City Council)
- Panel Discussion: Cities and States as Innovators in Hunger and Nutrition and Opportunities presented by the White House Conference, moderated by **Marion Nestle**
 - **Richard Ball, NYS Commissioner of Agriculture and Markets**
 - **David C. Banks, Chancellor of NYC Department of Education**
 - **Dr. Michelle McMacken, Executive Director of Nutrition and Lifestyle Medicine, NYC Health + Hospitals**
 - **Dr. Ashwin Vasan, Commissioner of the NYC Department of Health and Mental Hygiene**

11:00 AM BREAKOUT SESSIONS

The breakout sessions will be organized around key policy levers to achieve the four themes of the White House Conference pillars related to food and nutrition. The goal will be to discuss concrete, actionable, and ambitious federal policy actions and solutions to reduce hunger, improve nutrition, and reduce diet-related chronic diseases in the U.S.

■ Science and Research

A coordinated new national strategy can accelerate and reshape the way the U.S. government supports and drives innovation in our food system, including at NIH, USDA, FDA, NSF, USAID, DOD, DOC, and others. Strategic investment in new food, nutrition, and corresponding translational research will be instrumental to achieving the national nutrition, hunger, and health goals for all Americans.

■ Business and Innovation

Tremendous new interest and investment is being directed to innovate and transform the food and beverage sector—farmers, food manufacturers, supermarkets, restaurants, cafeterias, supplement and wellness companies—toward nutrition and health. A coordinated new national strategy can greatly accelerate and guide innovative approaches toward advancing demand for and access to better nutrition, ending hunger, and improving health and health equity; as well as supporting minority and low-income food entrepreneurs to create wealth and nourishment in their communities.

- **Health care**

Our health care system largely ignores nutrition, the top cause of poor health. Innovative new strategies can integrate preventive nutrition and healthy eating into Medicare, Medicaid, private insurance, DOD, VA, and IHS to improve health, reduce health disparities, and lower costs.

- **Eradicating Hunger through Federal Nutrition Programs**

Advances in public policy, technology, behavioral economics, cross-coordination (e.g., with CMS), and more can strengthen, modernize, and leverage our investments in public benefits including school meals, summer meals, SNAP, WIC, senior nutrition programs, USDA food box programs, and more.

- **Public Health & Nutrition Education**

Innovative approaches can support opportunities to increase public knowledge and reduce consumer confusion, gain from shared community knowledge and learnings, elevate the voices of Americans with lived experiences in poor nutrition, hunger, and diet-related illness, and advance nutrition education for key groups including health care providers, seniors, and children.

12:00 PM LUNCH

- Lunch provided by Office of School Food and Nutrition Services

1:00 PM BREAKOUT SESSIONS CONTINUE

- Participants return to same breakout group

1:45 PM CLOSING REMARKS

- **Dariush Mozaffarian, MD, DrPH**
(Co-Chair, Task Force on Hunger, Nutrition and Health)
Dean, Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science & Policy, Tufts University
Professor of Medicine, Tufts School of Medicine and Division of Cardiology, Tufts Medical Center

2:00 PM EVENT ENDS

National Convening to Inform the White House Conference on Hunger, Nutrition, and Health

LIST OF PARTICIPANTS

TUESDAY, JUNE 21ST, 2022

NEW YORK, NY

This list is provided to acknowledge participants' attendance at the convening and to illustrate the broad range of multisector stakeholders that were involved. While the convening discussions informed a Task Force report to inform the White House Conference on Hunger, Nutrition, and Health, convening participants did not review the Task Force report and their participation in the convening should not be viewed as an endorsement or an approval of that report. Moreover, the perspectives and recommendations in the Task Force report do not necessarily reflect the official views, opinions, or positions of any convening participant's employer, institution, or organization.

Taylor Abbruzzese

Deputy NY Chief of Staff

Sarah Abiola

Executive Director

Laurie M. Tisch Center for Food, Education & Policy

Liz Accles

Executive Director

Community Food Advocates

Adefunke Ajenikoko

Senior Policy Analyst

American Heart Association

Naureen Akhter

District Director

Office of Rep. Alexandria Ocasio-Cortez

Debbie Almontaser

Cultural Diversity Consultant

Bridging Cultures Group

Elizabeth Angeles

Associate Vice President, Advocacy

United Way NYC

Sonia Angell

Visiting Professor

Johns Hopkins Bloomberg School of Public Health

Rachel Atcheson

Special Assistant to the Mayor

NYC Mayor's Office

Seowan Back

Office of Commissioner Ball

NYS Department of Agriculture

Richard Ball

Commissioner

New York State Department
of Agriculture and Markets

David Banks

Chancellor

Department of Education

Fran Barrett

NYS Interagency Coordinator

for Nonprofit Organizations

Office of New York State Governor Kathy Hochul

Joel Berg

CEO

Hunger Free America

Matthew Bonaccorsi

Communications Director and Senior Advisor

Office of Rep. Jim McGovern

Carmen Boon

Vice President, External Affairs

Food Bank for NYC

Bobby Brannigan

CEO

Mercato

Diana Caba

Assistant Vice President of Policy
& Community Engagement
Hispanic Federation

Keith Carr

Senior Policy and Government
Relations Manager
City Harvest

Jessica Chait

Managing Director, Food Programs
Met Council

Jonathan Chin

Founder and CEO
Share Meals

Nevin Cohen

Executive Director
CUNY Urban Food Policy Institute

Lisa David

President and CEO
Public Health Solutions

Angela Davis

Director of Retail Food Access and Agriculture
GrowNYC

Ilona de Jongh

Co-Founder
Sprout by Design

Steven Deheeger

Senior Advocacy Manager
City Harvest

Becca Di Meo

Executive Director
City Growers

Brian Dittmeier

Senior Director of Public Policy
National WIC Association

Sheryll Durrant

New Roots Community Farm

Nancy Easton

Executive Director and Co-Founder
ScratchWorks

Leah Eden

Grassroots Advocacy Director
Equity Advocates

Curt Ellis

Co-Founder & CEO
FoodCorps

Kristen Fields

Director, School Gardens
GrowNYC

Jason Finder

Doe Fund

Thomas Forster

Faculty
The New School

Nicholas Freudenberg

Distinguished Professor
CUNY Urban Food Policy Institute

Tonya Gayle

Executive Director
Green City Force

Ribka Getachew

Director of NYC Good Food
Purchasing Policy Campaign
NYC Good Food Purchasing Coalition

Rae Gomes

Co-Founder
Central Brooklyn Food Coop

Robert Graham

Co-Founder
FRESH Med

Camesha Grant

Vice President and Chair of Policy Committee
on New York Hunger Resources
Food Bank for New York City

Samer Hamadeh

CEO/CoFounder
Zeel

Amie Hamlin

Executive Director
Coalition for Healthy School Food

Cheryl Huber

Vice President, Access and Benefits
United Way NYC

George Hulse

Vice President & Senior Advisor to the President & CEO
EmblemHealth

Michael Hurwitz

Principal
Landing Lights Strategies

Mark Izeman

New York Regional Director and Senior Attorney
Natural Resources Defense Council

Matt Jozwiak

Founder and CEO
Rethink Food

Kim Kessler

NYC Health

Pam Koch

Faculty Director and Mary Swartz Rose
Associate Professor
Teachers College, Columbia University

Patti Lubin

Senior Counsel and Senior Advisor
Office of Senator Kirsten Gillibrand

Peter Lurie

Executive Director
Center for Science in the Public Interest

Kate MacKenzie

Executive Director
NYC Mayor's Office of Food Policy

Roopa Kalyanaraman Marcello

Senior Director of Research and Evaluation,
Office of Population Health
NYC Health + Hospitals

Eric Marcotulli

CEO
Elysium Health

Julia McCarthy

Senior Program Officer
NY Health Foundation

Rep. Jim McGovern

Congressman
U.S. House of Representatives

Michelle McMacken

Executive Director
Nutrition and Lifestyle Medicine
for NYC Health & Hospitals

Dodi Meyer

Professor of Pediatrics
Columbia University Department of Pediatrics

Shanon Morris

Executive Director
Edible Schoolyard NYC

Michelle Morse

Chief Medical Officer and Deputy Commissioner for
Center for Health Equity and Community Wellness
NYC Department of Health and Mental Hygiene

Gabrielle Mosquera

Deputy Director
Teens for Food Justice

Dariush Mozaffarian

Dean and Jean Mayer Professor of Nutrition,
Friedman School of Nutrition Science & Policy
Tufts University

Saara Nafici

Director
Red Hook Farms

Marion Nestle

Paulette Goddard Professor
NYU Steinhardt

Liz Neumark

Chair and Founder
Great Performances

Annette Nielsen

Freelance

Cathy Nonas

Founder and Executive Director
Meals for Good

James "Jimmy" Oddo

Chief of Staff
NYC Mayor's Office

Angela Odoms-Young

Associate Professor, Director, Food and Nutrition
Education in Communities Program
and NYS Expanded
Cornell University

Colin O'Neil

Bowery Farming

Geoff Palmer

Director of Intergovernmental Affairs
New York State Department of Agriculture
and Markets

Karen Pearl

President and CEO
God's Love We Deliver

Anastasia Plakias

Co-Founder and Chief Impact Officer
Brooklyn Grange

Lianna Reisner

President and Network Director
Plant-Powered Metro New York

Stephen Ritz

Founder
Bronx Green Machine

Charmaine Ruddock

Project Director
National REACH Coalition

Rachel Sabella

Executive Director
No Kid Hungry—New York

Melony Samuels

Founder and Executive Director
The Campaign Against Hunger

Nicole Shanahan

President
Bia-Echo Foundation

Beth Shapiro

Executive Director
City Meals on Meals

Greg Silverman

Chief Executive Officer/Executive Director
West Side Campaign Against Hunger

Katherine Soll

Founder and CEO
Teens for Food Justice

Noreen Springstead

Executive Director
Why Hunger

Shauna Stribula

Senior Advisor
NYC Mayor's Office

Michael Stroka

CEO
American Nutrition Association

Kelvin Taitt

Co-founder
East Brooklyn Mutual Aid

Emilio Tavarez

Director of Advocacy, Policy, and Research
Hunger Free America

Esther Trakinski

Adjunct Professor
Fordham

Mollie Van Lieu

VP of Nutrition
International Fresh Produce Association

Ashwin Vasan

Commissioner
NYC Health

Alissa Wassung

Food is Medicine Coalition

Marion Williams

National Program Director & Chef
Wellness in the Schools

Craig Willingham

Managing Director
CUNY Urban Food Policy Institute

Sheena Wright

Deputy Mayor for Strategic Initiatives
NYC Mayor's Office

Nil Zacharias

Co-Founder and CEO
Plantega

Manuela Zamora

Executive Director
NY SunWorks

National Convening to Inform the White House Conference on Hunger, Nutrition, and Health

ORGANIZED BY THE TASK FORCE ON HUNGER, NUTRITION, AND HEALTH
CO-HOSTED BY KAISER PERMANENTE

Monday, June 27th

9:00am - 5:00pm PT

Nile Hall, Preservation Park, 668 13th Street, Oakland, CA

Disclaimer: The views and opinions discussed at today's sessions do not necessarily reflect the opinions or position of Kaiser Permanente.

Goals

Engage participation and input from multisector stakeholders, including individuals with diverse lived experiences, in the food and nutrition opportunities and challenges facing the nation, to:

- 1.** Bring together critical viewpoints and identify well-framed federal policy and other stakeholder solutions on how to improve nutrition, end hunger, and reduce diet-related chronic diseases in the United States.
 - 2.** Summarize the discussion as a Proceedings to be submitted to the White House ahead of the Conference.
 - 3.** Help inform a separate Task Force report to be submitted to the White House ahead of the Conference.
-

This event will uplift and empower Americans to engage in robust discussion of pertinent issues and solutions to achieve the White House Conference goal of developing a roadmap to improve nutrition, end hunger, and reduce diet-related chronic diseases in the United States by 2030.

Agenda

9:00 AM **OPENING SESSION**

- Moderator: Emily Callahan, Friedman School of Nutrition Science and Policy, Tufts University
- Welcome: Pam Schwartz, Executive Director, Community Health, Kaiser Permanente
- Welcome to Preservation Park: Andy Madeira, Chief Executive Officer of the East Bay Asian Local Development Corporation (EBALDC)
- Message from the Task Force: Hon. Ann M. Veneman, JD, Former Executive Director, UNICEF; Former Secretary of Agriculture, USDA
- Remarks: Bechara Choucair, MD, Senior Vice President and Chief Health officer for Kaiser Foundation Health Plan, Inc., and Hospitals
- Video Message: José Andres, Founder, World Central Kitchen; President/Chef at ThinkFoodGroup; Co-Chair, Task Force on Hunger, Nutrition and Health

9:50 AM **IMPACTS OF INDIVIDUALIZED FOOD-BASED INTERVENTIONS IN HEALTH CARE**

- Video messages from Produce Rx and Medically Tailored Meals Participants
- Panel discussion about the potential for Food Is Medicine programs like medically tailored meals and produce prescriptions to impact patient health and the opportunities to integrate such programs into health care more fully.
- Moderator: Pam Schwartz, Executive Director of Community Health, Kaiser Permanente
- Participants:
 - Paul Hepfer, Chief Executive Officer, Project Open Hand
 - Casey Nelson, MD, Kaiser Permanente

10:40 AM **BREAK AND TIME FOR DISCUSSION AND MINGLING**

11:10 AM **COMMUNITY INFRASTRUCTURE FOR ACHIEVING FOOD EQUITY**

- Video message from SNAP participant
- Panel discussion around the potential of community-based programs to lift up nutrition and food security for individuals and families while also highlighting the opportunities to strengthen this social infrastructure, particularly in under-resourced communities.
- Moderator: Ruben Canedo Sanchez, Director of Strategic Equity Initiatives, UC Berkeley

- Participants:
 - Lisa Ann Albitre, Advocate for Native American and Tribal Food Issues, The Bridge
 - Jocelyn Villalobos, Basic Needs & CalFresh advocate, UC Berkeley's Basic Needs Center CalFresh Policy Access Unit Intern, California Department of Social Services

11:50 AM INSTRUCTIONS FOR BREAKOUT GROUPS

- Emily Callahan, Friedman School of Nutrition Science and Policy, Tufts University

12:00 PM LUNCH

- Prepared by La Cocina

1:00 PM BREAKOUT SESSIONS

The breakout sessions will be organized around key policy levers to achieve the four themes of the White House Conference pillars related to food and nutrition. The goal will be to discuss concrete, actionable, and ambitious federal policy actions and solutions to reduce hunger, improve nutrition, and reduce diet-related chronic diseases in the U.S.

■ Science and Research

A coordinated new national strategy can accelerate and reshape the way the U.S. government supports and drives innovation in our food system, including at NIH, USDA, FDA, NSF, USAID, DOD, DOC, and others. Strategic investment in new food, nutrition, and corresponding translational research will be instrumental to achieving the national nutrition, hunger, and health goals for all Americans.

■ Business and Innovation

Tremendous new interest and investment is being directed to innovate and transform the food and beverage sector—farmers, food manufacturers, supermarkets, restaurants, cafeterias, supplement and wellness companies—toward nutrition and health. A coordinated new national strategy can greatly accelerate and guide innovative approaches toward advancing demand for and access to better nutrition, ending hunger, and improving health and health equity; as well as supporting minority and low-income food entrepreneurs to create wealth and nourishment in their communities.

■ Health care

Our health care system largely ignores nutrition, the top cause of poor health. Innovative new strategies can integrate preventive nutrition and healthy eating into Medicare, Medicaid, private insurance, DOD, VA, and IHS to improve health, reduce health disparities, and lower costs.

■ Federal Nutrition Programs

Advances in technology, behavioral economics, cross-coordination (e.g., with CMS), and more can strengthen, modernize, and leverage our investments in school meals, summer meals, SNAP, WIC, senior nutrition programs, USDA food box programs, and more.

- **Public Health & Nutrition Education**

Innovative approaches can support opportunities to increase public knowledge and reduce consumer confusion, gain from shared community knowledge and learnings, elevate the voices of Americans with lived experiences in poor nutrition, hunger, and diet-related illness, and advance nutrition education for key groups including health care providers, seniors, and children.

2:30 PM **BREAK & NETWORKING**

3:00 PM **BREAKOUT SESSIONS**

Each meeting participant will attend a second, different breakout group to continue to discuss concrete, actionable, and ambitious federal policy actions and solutions.

- Science and Research
- Business and Innovation
- Health care
- Federal Nutrition Programs
- Public Health & Nutrition Education

4:30 PM **TRANSITION TO CLOSING REMARKS**

4:45 PM **CLOSING REMARKS**

- Dariush Mozaffarian, MD DrPH, Dean, Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science & Policy, Tufts University; Professor of Medicine, Tufts School of Medicine and Division of Cardiology, Tufts Medical Center; Co-Chair, Task Force on Hunger, Nutrition and Health

National Convening to Inform the White House Conference on Hunger, Nutrition, and Health

LIST OF PARTICIPANTS
MONDAY, JUNE 27TH, 2022
OAKLAND, CA

The participants included in this list are those who RSVP'd to attend the convening; the actual list of convening attendees may have been slightly different from this list. This list is provided to acknowledge participants' attendance at the convening and to illustrate the broad range of multisector stakeholders that were involved. While the convening discussions informed a Task Force report to inform the White House Conference on Hunger, Nutrition, and Health, convening participants did not review the Task Force report and their participation in the convening should not be viewed as an endorsement or an approval of that report. Moreover, the perspectives and recommendations in the Task Force report do not necessarily reflect the official views, opinions, or positions of any convening participant's employer, institution, or organization.

Lauren Abda

Founder
Branch Venture Group

Juan Aguilera

Director of Translational Environmental and Climate Health
Sean N. Parker Center for Allergy and Asthma Research at Stanford University

Melissa Akers

Associate Director
Vouchers 4 Veggies - EatSF

Jaclyn Albin

Director of Culinary Medicine, Assistant Professor of Internal Medicine and Pediatrics
University of Texas Southwestern

David Allison

Dean
Indiana University Bloomington School of Public Health

Deborah Alvarez-Rodriguez

Executive Director
La Cocina

Norman "Narayan" Baltzo

Patient Partner
Kaiser Permanente Santa Rosa

Richard Black

Adjunct Professor
Tufts University

Kim Boyd

Chief Medical Officer
Calibrate

Emily Brown

Founder and CEO
Free From Marketplace, Inc.

Ruben E. Canedo

Director/Co-Chair
UC Berkeley

Ana-Alicia Carr

Community Advocacy Director
American Heart Association

Steven Chen

Chief Medical Officer
Alameda County Recipe4Health

Bechara Choucair

Senior Vice President, Chief Health Officer
Kaiser Permanente

Anna Clayton

Healthcare Program Manager
Recipe4Health of Alameda County

Kelly L. Close

Founder, Close Concerns
and The diaTribe Foundation
Co-founder, dQ&A

Cate Collings

President
American College of Lifestyle Medicine

Allison Collins

Physician Director of Lifestyle and Culinary Medicine
Kaiser Permanente Santa Clara

Sarah de Guia

CEO
ChangeLab Solutions

Amy DeLisio

Director
Public Health Institute Center
for Wellness and Nutrition

Michael Dimock

Executive Director
Roots of Change

Christina Economos

Professor
Tufts University

Ihuoma Eneli

Director
Nationwide Children's Hospital

Dominic Engels

CEO
Revolution Foods

Katie Ettman

Food and Agriculture Policy Manager
SPUR

Karen Farley

Executive Director
California WIC Association

Ben Feldman

Executive Director
Farmers Market Coalition

Alexis Fernández Garcia

Senior Director
Social Safety Net

Jimena Florez

Founder/CEO
Chaak Healthy Snacks

Betsy Fore

Co-Founder & CEO
Tiny Organics

Augusto Goncalves

Director of Strategic and Philanthropic Partnerships
The Health Initiative (THI)

Ajaykumar Gopal

Chief Strategy Officer
Sunbasket

Christina Gunther-Murphy

Chief Campaign Officer
The Health Initiative

Ellen Harris

Executive Director
Food First

Noosheen Hashemi

CEO
January AI

Paul Hefner

CEO
Project Open Hand

Angela Huffman

Co-founder and Vice President
Farm Action

Neshani Jani

Communications Director
HEAL Food Alliance

Leslie Jefferson

Community Health Program Manager/Nutritionist
Giant Food

Christina Khoo

Director, Emerging Science,
Nutrition & Regulatory Affairs
Ocean Spray Cranberries, Inc

Ronald Krauss

Professor of Pediatrics and Medicine
University of California, San Francisco (UCSF)

Matthew Landry

Postdoctoral Research Fellow
Stanford University

Jason Langheier

CEO
Foodsmart

Nora LaTorre

CEO
Eat Real

Bill Layden

Principal
Layden Enterprises, LLC

Andy Madeira

CEO
East Bay Asian Local Development Corporation

George Manalo-LeClair

Executive Director
Nourish California

Rishi Manchanda

CEO
HealthBegins

Suzanna M. Martinez

Associate Professor
University of California, San Francisco

Pooja Mittal

Chief Health Equity Officer
Health Net/Centene

Dariush Mozaffarian

Dean
Friedman School of Nutrition Science
& Policy at Tufts University

Yuka Nagashima

Executive Director
Food Shift

Claudia Nau

Research Scientist
Kaiser Permanente

Casey Nelson

Primary Care Physician
Kaiser Permanente

Bahia Nightengale

Executive Director for Farm & Food
Louisiana Central

Erin Parker

Executive Director
Indigenous Food and Agriculture Initiative

Fernandez “Frank” Ponds

Rear Admiral (ret.)
Mission:Readiness

Lorrene Ritchie

Director and Cooperative Extension Specialist
Nutrition Policy Institute, University of California
Division of Ag & Natural Resources

Gualberto J. Rodríguez-Feliciano

Chairman and Co-Founder
Grupo Navis | Nutriendo PR

Teresa Romero

President
United Farm Workers

Somava Saha

Executive Lead
WE in the World

Pam Schwartz

Executive Director, Community Health
Kaiser Permanente

Satya Shanmugham

Director of Program Management
FARE—Food Allergy Research & Education

Tom Shields

Partner
AgFunder

Linda Shiue

Director of Culinary Medicine and Physician
Kaiser Permanente

Lynn Silver

Senior Advisor
Public Health Institute & UCSF

Wendy Slusser

Associate Vice Provost, Semel Healthy Campus
Initiative at UCLA
Clinical Professor UCLA School of Medicine
and Public Health

Angie Tagtow

Founder & Chief Strategist
Äkta Strategies, LLC

Antonio Tataranni

Chief Medical Officer and SVP R&D Life Sciences
PepsiCo

Heather Terry

Founder & CEO
GoodSAM Foods

Ann Thrupp

Director
California Food Is Medicine Coalition

Secretary Ann Veneman

Former Secretary of Agriculture
U.S. Department of Agriculture

Jocelyn Villalobos

Student
University of California, Berkeley

Kelly Warner

*Program Manager, Nutrition and
Physical Activity Program*
Los Angeles County Department of Public Health

Jin Ju Wilder

Director of Marketing & Business Development
International Fresh Produce Association

Diana Winters

*Deputy Director, Resnick Center
for Food Law and Policy*
UCLA Law

Joon Yun

President
Palo Alto Investors

National Convening to Inform the White House Conference on Hunger, Nutrition, and Health

ORGANIZED BY THE TASK FORCE ON HUNGER, NUTRITION, AND HEALTH
CO-HOSTED BY THE BIPARTISAN POLICY CENTER

Thursday, July 14th, 9:00am - 5:00pm ET
Bipartisan Policy Center, 1225 Eye Street NW, Ste 1000, Washington, D.C.

Goals

Engage participation and input from multisector stakeholders, including individuals with diverse lived experiences, in the food and nutrition opportunities and challenges facing the nation, to:

- 1.** Bring together critical viewpoints and identify well-framed federal policy and other stakeholder solutions on how to improve nutrition, end hunger, and reduce diet-related chronic diseases in the United States.
- 2.** Summarize the discussion as a Proceedings to be submitted to the White House ahead of the Conference.
- 3.** Help inform a separate Task Force report to be submitted to the White House ahead of the Conference.

This event will uplift and empower Americans to engage in robust discussion of pertinent issues and solutions to achieve the White House Conference goal of developing a roadmap to improve nutrition, end hunger, and reduce diet-related chronic diseases in the United States by 2030.

Agenda

8:00 AM REGISTRATION OPENS

9:00 AM OPENING SESSION

- Welcome: G. William Hoagland, Senior Vice President, Bipartisan Policy Center
- Welcome from the Task Force (Video Message): Chef José Andrés, Founder, World Central Kitchen; President/Chef at ThinkFoodGroup; Co-Chair, Task Force on Hunger, Nutrition and Health
- Remarks: Secretary Dan Glickman, Distinguished Fellow of Global Food and Agriculture, Chicago Council on Global Affairs; Senior Fellow, Bipartisan Policy Center; Former United States Secretary of Agriculture; Co-Chair, Task Force on Hunger, Nutrition and Health
- Video Remarks from Elected Officials
 - Sen. John Cornyn
 - Sen. Cory Booker
- Sharing Voices from Listening Sessions: Moderator: Dary Mozaffarian, Special Advisor to the Provost, Dean for Policy, and Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science & Policy, Tufts University; Professor of Medicine, Tufts School of Medicine and Division of Cardiology, Tufts Medical Center; Co-Chair, Task Force on Hunger, Nutrition and Health

9:50 AM PROMOTING AND COORDINATING ACCESS TO FOOD AND NUTRITION RESOURCES

- Panel discussion around the critical role of coordination in increasing access for food and nutrition resources for individuals and families while also highlighting the opportunities to strengthen this social infrastructure, particularly in under-resourced communities.
- Moderator: Dary Mozaffarian, Special Advisor to the Provost, Dean for Policy, and Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science & Policy, Tufts University; Professor of Medicine, Tufts School of Medicine and Division of Cardiology, Tufts Medical Center; Co-Chair, Task Force on Hunger, Nutrition and Health
- Participants
 - Rodney McMullen, Chairman & CEO, The Kroger Co.
 - Philip Sambol, Executive Director, Oasis Community Partners
 - Tandra Stevenson, CEO, Women Advancing Nutrition Dietetics and Agriculture
 - Lucia Zegarra, Faith Community Nursing Program Coordinator, Holy Cross Health

10:40 AM **BREAK AND TIME FOR DISCUSSION AND MINGLING**

11:10 AM **OPPORTUNITIES IN HEALTH CARE AND IMPACTS OF INDIVIDUALIZED FOOD-BASED INTERVENTIONS**

- Panel discussion about the potential for addressing hunger, nutrition and diet-related diseases by leveraging opportunities in the health care system and the potential for Food Is Medicine programs like medically tailored meals.
- Moderator: Anand Parekh, Chief Medical Advisor, Bipartisan Policy Center
- Participants
 - Kofi Essel, Assistant Professor of Pediatrics, Children’s National Hospital
 - Carrie Stoltzfus, Executive Director, Food and Friends
 - Alicia Trelease, Program Manager, Geisinger Fresh Food Farmacy

11:50 AM **INSTRUCTIONS FOR BREAKOUT GROUPS**

- Jennifer Weber, Friedman School of Nutrition Science and Policy, Tufts University

12:00 PM **LUNCH**

1:00 PM **BREAKOUT SESSIONS**

The breakout sessions will be organized around key policy levers to achieve the four themes of the White House Conference pillars related to food and nutrition. The goal will be to discuss concrete, actionable, and ambitious federal policy actions and solutions to reduce hunger, improve nutrition, and reduce diet-related chronic diseases in the U.S.

■ **Business and Innovation**

Tremendous new interest and investment is being directed to innovate and transform the food and beverage sector—farmers, food manufacturers, supermarkets, restaurants, cafeterias, supplement and wellness companies—toward nutrition and health. A coordinated new national strategy can greatly accelerate and guide innovative approaches toward advancing demand for and access to better nutrition, ending hunger, and improving health and health equity; as well as supporting minority and low-income food entrepreneurs to create wealth and nourishment in their communities.

■ **Health Care**

Our health care system largely ignores nutrition, the top cause of poor health. Innovative new strategies can integrate preventive nutrition and healthy eating into Medicare, Medicaid, private insurance, DOD, VA, and IHS to improve health, reduce health disparities, and lower costs.

■ **Federal Nutrition Programs**

Advances in technology, behavioral economics, cross-coordination (e.g., with CMS), and more can strengthen, modernize, and leverage our investments in school meals, summer meals, SNAP, WIC, senior nutrition programs, USDA food box programs, and more.

- **Public Health & Nutrition Education**

Innovative approaches can support opportunities to increase public knowledge and reduce consumer confusion, gain from shared community knowledge and learnings, elevate the voices of Americans with lived experiences in poor nutrition, hunger, and diet-related illness, and advance nutrition education for key groups including health care providers, seniors, and children.

2:30 PM **BREAK & NETWORKING**

3:00 PM **BREAKOUT SESSIONS**

Each meeting participant will attend a second, different breakout group to continue to discuss concrete, actionable, and ambitious federal policy actions and solutions.

- **Science and Research**

A coordinated new national strategy can accelerate and reshape the way the U.S. government supports and drives innovation in our food system, including at NIH, USDA, FDA, NSF, USAID, DOD, DOC, and others. Strategic investment in new food, nutrition, and corresponding translational research will be instrumental to achieving the national nutrition, hunger, and health goals for all Americans.

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4:45 PM **CLOSING REMARKS**

Secretary Dan Glickman
Former United States Secretary of Agriculture

National Convening to Inform the White House Conference on Hunger, Nutrition, and Health

LIST OF PARTICIPANTS

THURSDAY, JULY 14TH, 2022

WASHINGTON, D.C.

The participants included in this list are those who RSVP'd to attend the convening; the actual list of convening attendees may have been slightly different from this list. This list is provided to acknowledge participants' attendance at the convening and to illustrate the broad range of multisector stakeholders that were involved. While the convening discussions informed a Task Force report to inform the White House Conference on Hunger, Nutrition, and Health, convening participants did not review the Task Force report and their participation in the convening should not be viewed as an endorsement or an approval of that report. Moreover, the perspectives and recommendations in the Task Force report do not necessarily reflect the official views, opinions, or positions of any convening participant's employer, institution, or organization.

Cybele Bjorklund

Senior Vice President, Policy & Government Strategy
Virta Health

Robert Blancato

Executive Director
National Association of Nutrition
and Aging Services Programs (NANASP)

Jeanne Blankenship

Vice President, Policy Initiatives and Advocacy
Academy of Nutrition and Dietetics

Jack Bobo

Director Global Food and Water Policy
The Nature Conservancy

Cathy Burns

Chief Executive Officer
International Fresh Produce Association

Amber Burrus

Director, Healthcare Integration
Freshly Inc.

Mariana Chilton

Director, Center for Hunger-Free Communities
Drexel University

Rev. Eugene Cho

President/CEO
Bread for the World

Branton Cole

Fellow/Director
CEO Action for Racial Equity/PwC

Dan Crippen

Former Director
Congressional Budget Office
and National Governors Association

Catherine D'Amato

Founder
Hunger to Health Collaboratory

Bill Dietz

Chair, Redstone Global Center
for Prevention and Wellness
George Washington University

Brian Dittmeier

Senior Director of Public Policy
National WIC Association

Kofi Essel

Assistant Professor of Pediatrics
Children's National Hospital

Kate Fitzgerald

Principal
Fitzgerald Canepa, LLC

Nicole Garro

Director, Early Childhood Health Programs
Child Care Aware of America

Secretary Dan Glickman

Distinguished Fellow of Global Food and Agriculture
Chicago Council on Global Affairs

J. Nadine Gracia

President and CEO
Trust for America's Health

Vince Hall

Chief Government Relations Officer
Feeding America

Senator Tom Harkin

Retired

Jessica Hinshaw

Program Manager, Environmental Health Initiatives
National Association of Community Health Centers

Josh Hix

Co-founder & CEO
Season Health

G. William Hoagland

Senior Vice President
Bipartisan Policy Center (BPC)

Sam Hoeffler

Food Program Manager
Reinvestment Partners

Lexie Holden

Associate Director of Policy & Government Relations
Intertribal Agriculture Council

Agnes Kalibata

President
Alliance for a Green Revolution in Africa (AGRA)

Satchel Kaplan-Allen

Chief of Staff to José Andrés
World Central Kitchen

Jason Karp

CEO
HumanCo

Brent Ling

Chief of External Affairs
Wholesome Wave

Peter Lurie

Executive Director
Center for Science in the Public Interest

Jerold Mande

CEO
Nourish Science

Marshall Matz

Chairman
OFW Law

Deirdre McGinley-Gieser

Executive Vice President
American Institute for Cancer Research

Rodney McMullen

Chairman & CEO
The Kroger Co.

Dariush Mozaffarian

Special Advisor to the Provost, Dean for Policy,
Friedman School of Nutrition Science & Policy
Tufts University

Michel Nischan

Founder and CEO
Wholesome Wave

Sarah Ohlhorst

Chief Science Policy Officer
American Society for Nutrition

Gita Rampersad

VP Health Systems Innovation
Feeding America

Anand Parekh

Chief Medical Advisor
Bipartisan Policy Center (BPC)

Sally Rockey

Chief Executive Officer
Rockey Consulting

Nancy E. Roman

President & CEO
Partnership for a Healthier America

Philip Sambol

Executive Director
Oasis Community Partners

Leslie Sarasin

President/CEO

FMI — The Food Industry Association

Billy Shore

Executive Chair

Share Our Strength

Valerie Smith

Member, AAP Committee

on Federal Government Affairs

American Academy of Pediatrics

Tambra Stevenson

CEO

Women Advancing Nutrition

Dietetics and Agriculture

Carrie Stoltzfus

Executive Director

Food & Friends

Kristen Sullivan

Director, Nutrition and Physical Activity

American Cancer Society

Alicia Trelease

Program Manager

Geisinger Fresh Food Farmacy

Mollie Van Lieu

Vice President of Nutrition and Health

International Fresh Produce Association

Amy Yaroch

Executive Director

Gretchen Swanson Center for Nutrition

Lucia Zegarra

Faith Community Nursing Program Coordinator

Holy Cross Health

INTRODUCTION TO APPENDICES C THROUGH F: LISTENING SESSIONS AND DIALOGUES TO INFORM THE TASK FORCE REPORT

In support of the Task Force on Hunger, Nutrition, and Health's efforts to develop this report, the operational lead organizations coordinated and/or conducted listening sessions and dialogues to center the voices of people with diverse lived experiences of hunger, food and nutrition insecurity, and diet-related health conditions. A key purpose of seeking those inputs was to help ensure that the report's proposed policy solutions consider people's experiences and needs.

The joint efforts of the operational lead organizations resulted in a series of listening sessions and dialogues held in multiple cities across the United States during June and July 2022. A wide range of people participated, including individuals experiencing homelessness, people with different physical abilities, farmers, teachers, people with varied immigration/documentation status, parents, grandparents, and youth, all with intersecting identities that have shaped their experiences of food, nutrition, and health.

Notwithstanding the diversity of participants and methodologies that characterized the various listening sessions, some common themes arose across many of these sessions. These included the intersection of food security with issues such as housing and poverty; support for food is medicine approaches in health care and communities; the challenges that exist with application processes for federal food and nutrition programs; the desire for expanded eligibility for and access to such programs; the desire for greater access to hot, prepared foods as part of federal programs; the importance of addressing cultural considerations in federal programs and of ensuring the dignity and respect of program participants; and the importance of better coordination of the emergency and charitable food system.

For more details about the participants, methodologies, and themes from each listening session and dialogue, please see Appendices C through F.

Note: While the summaries of some of these listening sessions were available to help inform the Task Force's report, the Task Force did not edit or formally synthesize the information included in the summaries. Moreover, the Task Force should not be construed as endorsers or approvers of the information therein.

APPENDIX C. LISTENING SESSIONS IN CHICAGO, IL; OAKLAND, CA; AND SELMA, AL

In June 2022, the Chicago Council on Global Affairs (the Council) partnered with World Central Kitchen and Auburn University's Hunger Solutions Institute to conduct lived experience listening sessions to inform policy recommendations for the 2022 White House Conference on Hunger, Nutrition, and Health. The Council collaborated with community-based organizations (CBOs) to host these listening sessions in Oakland, CA, Chicago, IL, and Selma, AL. The rationale for partnering with CBOs was twofold: first, CBOs have established relationships with communities, providing a “bridge” between the Council and individuals with lived experiences of food and nutrition insecurity, and embedding trust in what could otherwise be seen as an extractive process; and second, CBOs played a crucial role in working with the Council to co-design sessions that truly work for the participants. The CBO partners were chosen based on existing relationships and knowledge of the communities and cities in which listening sessions were conducted. A 90-minute group facilitation and note-taking training session led by Task Force member Dr. Priya Fielding-Singh was held in advance of the listening session to equip all partners for their roles in the listening sessions.

All listening sessions involved locally based participants recruited by CBO partners. Participants were divided into smaller focus groups of 6-14 participants, with up to 4 groups per listening session. Each focus group was guided by one facilitator, and data were recorded by one or two notetakers. The Council developed four main questions to guide conversation within focus groups and invited CBO partners to create additional questions. Each focus group's facilitator explained the purpose and process of the listening sessions, including this appendix. After obtaining consent from participants, the focus group conversations were recorded via audio and lasted 60-75 minutes. All participants were compensated for their time in the form of a gift card to a local grocery store, selected with input from CBO partners.

After each listening session, Council staff analyzed focus group transcripts and notetaking forms to identify core themes, challenge areas, and proposed solutions relating to experiences of hunger and nutrition. These themes were then synthesized into summaries that were sent to CBO partners for review, so that participants could provide feedback to ensure that the written account reflected their experience of the conversation. The Council revised the summaries accordingly, and the final results are presented here. This appendix first presents seven overarching themes from the listening sessions, followed by an in-depth summary of each session.

OVERARCHING THEMES FROM OAKLAND, CHICAGO, AND SELMA

Despite the geographic and demographic diversity of all three listening sessions, several commonalities emerged when analyzing the focus group conversations. This suggests that addressing these common challenges could make a widespread impact on hunger and nutrition challenges facing communities across the country. The following seven themes came up at every listening session, and in at least two thirds of focus group conversations across the sessions.

- 1. Inflation is threatening food security.** Recent spikes in the prices of food, fuel, and other necessities came up in every single focus group conversation. Rising costs of living, without a corresponding rise in wages or assistance programs, are making it harder for people to keep a roof over their heads and feed themselves and their families.
- 2. People spend a lot of time trying to get affordable, healthy food.** Participants in all listening sessions discussed the large time cost of finding food that is both nutritious and affordable. They mostly attributed this to a lack of reliable transportation to get to stores, and a general lack of affordable stores in their area.

- 3. Housing concerns affect nutrition.** Focus groups in every listening session expressed a need for more affordable and stable housing. Many participants described three main ways unstable, inadequate, or expensive housing affects their nutrition security: money that could buy fresh produce has to be spent on rent; it is almost impossible to prepare nutritious food while living in a space that lacks a refrigerator, microwave, and/or stove; and if you can't prepare food at home, you have to spend more time and money to find options that work for you.
- 4. Government assistance is helpful but hard to access.** Two thirds of focus groups talked about their difficulties navigating the application process for government food assistance. Participants identified a variety of challenges such as fulfilling documentation and residence requirements²⁰, using online application systems, keeping up with paperwork, and understanding where benefits can be used.
- 5. Food assistance programs' income eligibility limits should be raised.** Participants described the Supplemental Nutrition Assistance Program (SNAP) income limit as too low. Many had experienced having their benefits cut because they worked a couple extra hours in a month. And recent spikes in the cost of living have reduced the purchasing power of household incomes that would be ineligible for benefits.
- 6. Expand SNAP to cover hot and prepared foods, as well as personal hygiene items and household products.** SNAP restrictions on hot and prepared foods currently prevent people without housing or access to kitchens from eating nutritious options. Household products and personal hygiene items are also important for supporting individual health.
- 7. Dignity, respect, and empathy** were core themes in every listening session. Participants reported feeling a lack of respect when seeking assistance, both from the government and from food banks and pantries. Small changes such as allowing people to choose foods they would like at pantries and providing foods that meet a diverse range of cultural and dietary needs were identified as potential ways to foster dignity and respect. Meeting people where they are at is key to fostering dignity as well; instead of cookie-cutter nutrition lectures, people expressed a desire for education on how to prepare nutritious foods within their budget and taste preferences.

The summaries below go into these themes in more detail, providing context and nuance. The summaries include participants' own words and ideas for solutions.

OAKLAND LISTENING SESSIONS

The Council's first lived experience listening sessions were hosted in Oakland, CA on June 21, 2022, in collaboration with two CBOs: Community Kitchens Oakland (CKO) and Homies Empowerment. CKO is a free meal program that serves the unhoused, at-risk youth, and shut in or low-income older adults in the city. Homies Empowerment was initially founded as an after-school program for gang-impacted youth but expanded its work during the pandemic to include several food access programs and other outreach services. The Council worked with CKO to host a morning listening session in West Oakland and worked with Homies Empowerment to host an afternoon listening session in East Oakland.

20 This was identified as a challenge for US citizens, as well as immigrants.

WEST OAKLAND LISTENING SESSION FINDINGS

CKO and an organization called BOSS (short for Building Opportunities for Self Sufficiency) recruited participants for this listening session. The listening session was held onsite at BOSS's shelter and transitional housing facility. The listening session had four focus groups, each consisting of five to seven participants, one facilitator, and one notetaker. Most participants reported being unhoused or were currently living in transitional housing. Across the focus groups, six key themes emerged: (1) access to and information about community food resources; (2) inadequate resources to prepare and store food; (3) housing concerns; (4) tradeoffs between necessities; (5) difficulty navigating government resources and programs; and (6) the importance of empathy, dignity, and respect.

1. Community Food Resources are Hard to Access

Participants said they get food from shelters, pantries, through “dumpster diving,” and community kitchens, and supplement that food with SNAP benefits. They noted that the Berkeley and Oakland areas had more pantries than other parts of the country, but that the amount of these kinds of resources alone is not enough. Participants shared that shelters, tiny homes, and encampments also are located in food deserts, where there are not many grocery stores or other retail food options to provide affordable, nutritious food. They further noted that there are corner stores in their areas, but these only have snacks and less nutritious options.

Each focus group identified the lack of information as a barrier to getting food. In one group, two participants explicitly said that there is no published, accurate information about the various shelters, pantries, community kitchens, and other places where they could go to get food. In all three focus groups, participants noted that most information about food is shared by word of mouth. In the words of one participant, “you have to know where to go.” Two people suggested the idea of an app that maps out food resources in the area, although another noted that you would have to have a smartphone for such an app to be helpful.

One focus group participant in particular had a deep knowledge of existing places to get food in the area. This participant had more knowledge of food resources than staff at a local service-providing organization, according to another group participant. The participant was able to choose their preferred foods, but only because of their willingness and ability to spend time traveling to multiple locations in one day. In another focus group, two participants cited time as a major cost for accessing food. People in all groups said that transportation to pantries and shelters was a barrier to food access.

2. Preparation and Storage are Important for Healthy Eating

Food preparation and storage are major challenges for participants. Six people said that most of them do not have stoves available to them for preparing food, just microwaves and refrigerators. The unhoused participants did not even have access to microwaves and refrigerators. The need for stoves or the need for food that does not require a stove came up frequently in conversations. This lack of equipment makes it difficult to utilize SNAP benefits.

Furthermore, lack of equipment is not limited to stoves and microwaves. In one focus group conversation, two-thirds of participants highlighted that Electronic Benefits Transfer (EBT)—the electronic system that allows them to pay for items with SNAP benefits—does not cover food preparation items needed to cook or eat food, such as pots, pans, dishes, and utensils. Beyond utensils, participants also reported that inadequate food storage made it difficult for them to prepare food for themselves.

Limited equipment and food preparation options force participants to make decisions that may not be viewed as “healthy.” Restrictions on what can be purchased with SNAP benefits—for example, “junk foods” like chips—have been promoted by some academics as a potential policy intervention to encourage healthier eating habits. Participants felt that these restrictions would punish people who lack the resources and supplies to prepare healthier options. One participant described the challenge: “You end up wasting a lot of [EBT] because what’s the sense of buying that nice piece of meat or something that you can do nothing with? You end up buying a bag of dang chips again, you know.”

3. Housing Problems Affect Nutrition

People in each focus group highlighted a need for more affordable housing and more permanent supportive housing. Housing can provide people with more of the equipment they need, like stoves and refrigerators. Still, several people said that reduced-income housing should come with general cooking items like pots and pans to enable healthy cooking. Even with reduced-income housing subsidies, residents are using 50-70 percent of their income on housing. Reduced-income housing can help people free up more of their budget for food, but participants suggested that there should be a food subsidy for those living in reduced-income housing. This highlights how food is connected to pressing basic needs and should be treated as such.

4. Food Comes Last in Priority, After Other Necessities

When people with very limited funds and resources are forced to make tradeoffs between food and other necessities, food often becomes their last priority. People reported having to choose paying for prescription medicines, rent, gas, transportation, clothes, and utilities over food. One person described the hard choice by noting their priorities: “It goes shelter, transportation, work, and then food. It’s pretty low on the chain.” Another expressed that utilities *have* to take priority over food: “If you don’t . . . pay the power bill, you’re not gonna have a fridge, you know.”

Rising gas prices have made this even more difficult lately. Higher gas prices make it more expensive for people to go to work. This leaves less money left over for rent, food, and utilities. Gas prices in the San Francisco Bay Area are among the highest in the nation.

5. Government Programs are Hard to Access and Too Limited

Most people were familiar with government programs such as SNAP, free and reduced school meals, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Quite a few participated in SNAP, but many found the process for getting benefits difficult and said that it could take months to receive benefits.

Many participants said that the ID requirement prevented them from getting benefits. IDs are expensive and require an address and paperwork, such as a birth certificate. These requirements can be especially challenging for the unhoused. Participants noted that some organizations will help by giving you an address. One participant reported that there are vouchers to cover the cost of an ID. Even if you have both of those, though, one person noted that you still need to pay to get to the Department of Motor Vehicles (DMV) to go through the process of obtaining an identification card. One participant said it was helpful that they were able to get a card for free public transit to the DMV. However, for people who do not have documentation like a birth certificate, vouchers and an address do not help.

The application process involves a lot of paperwork, and there is no room for mistakes. As one person put it, “if you make a mistake, you’re essentially screwed for a month,” because you have to wait to reapply. On top of all this, some people noted that you may need a phone for the benefits office to reach you, which not everyone has. The income cap for eligibility is too low, according to some participants, and cuts off people who are struggling.

Allowing people to purchase hot and/or prepared food was a key suggestion in every focus group. One participant suggested giving restaurants and other businesses incentives to cater to unhoused people.

In addition to allowing for hot food, several people said that EBT should cover personal care items (such as soap, napkins, and towels) and cooking supplies (such as pots and utensils). People in all focus groups suggested increasing SNAP benefits and noted that the COVID-era expansion of SNAP was very helpful.

A key idea from the focus group conversations was the need for a central place to access resources. People explained that they have to spend a lot of time going from agency to agency, even though, as one participant said, “food is connected to everything else . . . [we need to have] a place you can go to that sees you as a whole person and not just like, ‘Oh, we just do this [one program].’”

6. Dignity, Respect, and Empathy

Dignity, respect, and empathy came up in every conversation. A lot of people do not feel that they are treated with respect when applying for government benefits or trying to get food at shelters and pantries. At pantries and shelters, a lack of choice and policing of what people eat makes adults feel like they are being treated like children. The hot meals at shelters and congregant settings were perceived as low quality, and participants felt like they were told to just appreciate what they got. Many people said that the employees at shelters, pantries, and kitchens do not seem to have empathy for how hard it is to be in the position of needing help. People said they sometimes feel like they do not deserve help or are ashamed to ask. While many agreed with the person who said, “a closed mouth don’t get fed,” others said that food pantry staff make too many assumptions; staff should ask more questions about what people need.

EAST OAKLAND LISTENING SESSION FINDINGS

The afternoon listening session, was hosted by Homies Empowerment at their Freedom Farm, the site of a 23-year vacant lot that was undergoing transformation into an urban community garden. The listening session had three focus groups each with five to fourteen participants. One focus group was conducted in English, one in Spanish, and one in Mam (an indigenous language of Guatemala). Many of the participants had come directly from Homies Empowerment’s FREEdom store, a weekly event distributing free, fresh produce and essentials in a makeshift grocery store environment. Homies Empowerment staff facilitated the focus group conversations, due to language barriers for Council staff and also to create an environment in which participants would feel comfortable sharing. The four key themes from focus group conversations were: (1) inflation and unemployment affect food security; (2) food and health concerns are connected; (3) government benefits are limited and difficult to access; and (4) a strong community vision and support for food systems.

1. Inflation and Unemployment Affect Food Security

Multiple participants in each focus group reported experiencing unemployment, or someone in their household experiencing unemployment. Many lost their jobs during the COVID-19 pandemic. Participants expressed a desire to work but reported that a lack of good jobs made this difficult. Rising prices are an additional stress for people. Several noted that their wages are not increasing at the same rate as inflation, so they are struggling to pay for food, gas, rent, and other necessities. Several participants suggested continuing education for adults and training in trades as resources that could help people find employment.

Several participants said that there are a lot of grocery stores in their area, but these stores are hard to get to without a car. Even with numerous grocery stores, finding fresh food that is affordable is difficult and takes a lot of time.

One participant works three jobs in order to feed their family, sacrificing time with them. Another participant, who is on a fixed income, stands in line for food every week. One participant said that they have to work late, and most pantries and other food resources are closed by the time their shifts are over.

Two separate participants provide childcare in their neighborhoods so that parents would be able to work and earn money to feed their families. One participant does this because they were forced to choose between childcare and working; by providing childcare, both participants save others from having to make that choice.

2. Food and Health are Connected

Medical care came up multiple times in every group. One person was rejected for medical benefits assistance because of savings, which they needed to pay for prescriptions. Several people talked about food and health as deeply linked, saying they were concerned about the canned food that pantries distributed because they believe fresh food is healthier. A lack of dental coverage was highlighted as a food issue: “What good would an EBT card do if you don’t have no teeth?” asked one participant. The pandemic has also impacted health over the past few years, as multiple participants reported having been infected with COVID-19.

3. Government Benefits are Limited and Hard to Access

A key theme across all focus groups was difficulty accessing government assistance programs like SNAP. A lack of information was identified as a challenge for several participants. Many did not know what programs were available and did not know where to get information. Spanish- and Mam-speaking participants said that language was a barrier to applying for benefits and receiving help through the benefits they had. Identification and social security number requirements also prevented participants from applying. This was especially a barrier for undocumented participants. While a younger participant said that they found the online SNAP application convenient, several participants said that they struggled with technology when applying online. This is a reminder that technological solutions will not work for everyone.

The income limit for SNAP is too low, according to several participants. Multiple participants said that they worry about earning any extra money, because their benefits might get cut. Another participant expressed concern that a new job would affect their eligibility. Personal savings affect food and medical benefits eligibility, at the expense of participants. One participant explained that their savings disqualified them from SNAP benefits. Another explained that their savings, which they needed for medical care, made them ineligible for assistance programs. This requirement seems to penalize people for trying to prepare for emergencies or future expenses.

Many reported that even with benefits, SNAP could be improved. One participant noted that keeping up with the paperwork to continue to receive benefits was difficult. One participant struggles with cooking due to a cognitive disability and found the SNAP restrictions on purchasing hot and prepared food very limiting. Several participants agreed that allowing salad bars, hot bars, and prepared foods with SNAP would be helpful for them. Using SNAP at restaurants was another suggestion from several participants. Not only because it would be “a great economic stimulus,” but “because it feels a little more dignified sometimes.” Many participants agreed that SNAP benefits should be extended to other items in grocery stores, like toiletries and cleaning and paper products.

Several participants had experience with pandemic-era benefits expansion, but their experiences were not easy. One said that it took a year after applying to receive unemployment payments. Several reported that they were asked to pay back the government for benefits that they received. One participant said that they were charged “\$1500 for dollars for supposedly receiving more food stamps than I should have gotten, and ever since then I haven’t bothered applying for food stamps.” Schools’ food distribution during the pandemic was helpful, but according to one participant, some of the food was unfamiliar and inappropriate for some medical conditions.

In contrast with participants’ experience with SNAP, five participants in the Spanish-speaking focus group found WIC very helpful. Several said that extending the WIC benefits for a longer period of time would have been helpful for their families.

4. Strong Community Vision and Support for Food Systems

Most participants expressed the desire and need for helping each other and their community; this was a consistent theme in all focus groups.

Many participants across all focus groups said that churches in the community provide food and are a helpful resource. However, in one conversation, someone noted that not a lot of organizations care. Community refrigerators on the sidewalk are helpful because they allow people to give away foods that they are not familiar with or do not like that would otherwise go to waste. Instead of throwing something away, there is an outlet for someone else to get the food and use it. Multiple participants expressed a strong concern over food waste; unfamiliar donated foods make waste more likely. One woman said that a group of women in her neighborhood share ideas on how to use canned foods and unfamiliar vegetables. This is an example of communities adapting and working together, but also shows that there is a need for food pantries and kitchens to have culturally diverse and appropriate foods.

Most participants said that Homies Empowerment was very helpful for them. The organization provides familiar produce, which makes it easier for people to cook and eat nutritious meals. As one participant said, “[Homies Empowerment has] things that a family would need to make a meal . . . Not just junk food, you know?” Many participants also praised Homies Empowerment for not imposing conditions or requirements for people to receive assistance. Homies Empowerment’s partnership with World Central Kitchen, which allowed them to provide prepared, packaged meals to people, was popular with focus group participants. In addition to resources and help, Homies Empowerment supports and creates a sense of community, which is important to many participants.

One participant explained that Homies Empowerment built trust with the community, which sets the organization apart from others in the area. This comment suggests that there may be a disconnect between some food pantries/community kitchens and the communities they serve, which gets in the way of serving people.

When asked what resources they would like to see more of, many participants listed things that would build and support their community. This includes classes on healthy cooking, more gardens in the neighborhood, and workshops on how to raise chickens. Another participant said that developing a barter system to trade food would help.

CHICAGO LISTENING SESSION

The Council partnered with A Just Harvest, an organization committed to fighting poverty and hunger in the city's Rogers Park neighborhood, to host a listening session onsite on Thursday, June 23, 2022. A Just Harvest serves daily meals, provides to-go lunches, and distributes groceries and fresh produce weekly. The session had two focus groups with each consisting of seven participants, one facilitator, and one notetaker. One focus group included an interpreter for two Spanish speakers and one Portuguese speaker. Participants reported a variety of living circumstances, including transitional housing, enrollment in federal food and nutrition programs, and an array of family dynamics and cultural preferences. Five key themes across the focus groups were: (1) rising costs and inflation; (2) a lack of foods meeting dietary and taste preferences; (3) government programs' uses and limitations; (4) trade-offs between necessities; and (5) experiencing stigma while seeking assistance.

1. Affordability, Rising Costs, and Inflation Exacerbating Food Insecurity

Prices were widely identified across both focus groups as a significant barrier to accessing food. While participants mentioned anecdotally that prices were rising prior to the pandemic, recent inflation has been detrimental to food budgets, especially on low-price food staples like milk, eggs, and bread. Participants mentioned being able to purchase meat only with food assistance and relying on community kitchens and other resources to supplement other food staples. The situation has worsened as rising food prices and stagnant food assistance decreased the amount of food purchased compared to years prior.

Participants highlighted accessing grocery stores and the lack of stores in their area as an additional barrier. Some believe the area is a food desert and have trouble accessing reliable, affordable, nutritious food without significant time, transportation, and other associated costs. Others referenced personal experiences with local grocery stores, saying prices for foods such as fruits and vegetables were higher in grocery stores serving disadvantaged areas versus those in wealthier areas.

2. Matching Food with Tastes and Diets

Foods often do not reflect the taste, cultural, and dietary preference of the given population it is supposed to serve. Participants mentioned widespread difficulties with accessing foods their children would eat. This lack of access extends to meals provided by food pantries, community kitchens, and hot food meal options which often have little variation to meet dietary requirements and cultural preferences, let alone taste.

Programming directly related to food, such as cooking and nutrition classes, were mentioned by participants. Both types of classes were considered important in ensuring healthier diets, especially for kids. Cooking classes were also mentioned as an avenue for learning how to cook fruits and vegetables and to widen taste preferences.

Participants highlighted some options they used or would like to use for accessing foods that meet their tastes. Some participants mentioned farmers' markets as preferred options to access fruits and vegetables that are fresh and nutritious, but at the same time they faced high price barriers and stigma. Other participants described expansion of community gardens, possibly in vacant lots, to supplement food purchases.

3. Government Programs are Helpful, but Need Improvement

Government programs are seen to widely meet needs. However, aside from wanting an increase in benefits from these programs, participants identified changes they would like to see. The most widespread request was to allow hot food purchases with SNAP benefits. Bureaucracy within federal programs was seen as a barrier for enrollment or usage. Some participants said fear of losing benefits was a daily stressor. Specific changes include shorter application processes and increased flexibility of choice. Overall, participants believe a movement back to a caseworker versus case number mentality would be especially important in accessing much needed help.

Participants also mentioned federal nutrition meal programs. Many parents considered free and reduced school lunches to be helpful in ensuring kids had enough food. Pandemic-era summer school feeding programs were particularly praised. However, parents were forced to weigh the worth of the free meals when factoring in transportation and time. Some participants suggested an expansion of government increases for SNAP benefits to cover costs of feeding children over the summer. Participants mentioned Meals on Wheels in a less positive way. They stated that meals are often uneaten and are created by nutritionists, leading foods to be unseasoned and of portion sizes which are often too small, according to participants, and leave older adults hungry.

4. Choosing Between Food and other Necessary Resources

The question of trade-offs between food and other basic living expenses was widely referenced. The link between eligibility and income are too closely tied, meaning that even small increases in income could disqualify people from being eligible for benefits and could put families back in a difficult situation if they lose benefits. Participants believe increasing salaries should be used to pay rent, doctor's appointments, and other necessities that are not covered by benefits. Participants emphasized the importance of leaving food money intact, not decreasing or eliminating those benefits when incomes rise.

Participants also highlighted several classes and resources they believe are important when considering food security holistically. Many participants are currently or have previously lacked safe, affordable housing, and many have used shelters, hotels/motels, and other transitional housing. Greater transparency and information as well as speed in the housing placement office is important, especially as it relates to availability of kitchens for food preparation. Individuals in transitional housing situations lack the facilities to make food, which forces them to rely on available ready-made meal options, which are higher in cost and not covered by food assistance. Other resources that participants mentioned include job placement and training, mental health assistance, and language learning.

5. Seeking Assistance, Receiving Stigma

Participants expressed that using programs and benefits meant to address food security often came with stigma. For example, when trying to use SNAP benefits at a farmers' market, a participant described being given a piece of paper that identified them as a SNAP-user and therefore different from other market patrons and asked, "why would I go somewhere and be stigmatized or separated when I'm trying to do good?" However, locally run community-based organizations have filled a gap in their communities by providing food along with daily hot lunch and dinner meal options year-round, and staff members have demonstrated kindness and compassion and connected personally with many of the people they serve to ensure they are treated with dignity and respect.

Many participants shared a mentality of survival that the difficulty in accessing resources or making do with what was provided was simply the fact of life. Two participants used a phrase that came up in an Oakland focus group, that "a closed mouth don't get fed," echoing the idea that they should not expect assistance without asking for it. This phrase, however, also captures a demand voiced in both focus groups to be heard and acknowledged, and have policymakers think outside the box.

SELMA LISTENING SESSION

The Council's final listening session was hosted at Wallace Community College in Selma, AL on Tuesday, June 28, 2022, in partnership with Auburn University's Hunger Solutions Institute. The Hunger Solutions Institute worked with the Deep South Food Alliance and Bosco Nutrition Center to recruit participants for four focus groups consisting of farmers, nutrition and health professionals, food systems "connectors," and those with lived experiences of food insecurity. The broad range of participants generated insights into the city's food system, and both shared unique challenges facing its stakeholders. Each focus group had between 6-14 participants, one facilitator, and 1-2 notetakers.

The focus group for those with lived experiences of food insecurity were asked the same set of questions that were posed in the Council's first two listening sessions. In tailoring the focus groups for farmers, connectors, and nutrition professionals, a series of six questions were asked that focused on their ability to serve their communities and explored their perspectives on key drivers of hunger and poverty in rural Alabama.

LIVED EXPERIENCES FOCUS GROUP

Participants in the lived experiences focus group were primarily recruited via a partnership between the Hunger Solutions Institute and the Bosco Nutrition Center, a community outreach center run by the faith-based organization Edmundite Missions. The Bosco Nutrition Center runs a meal delivery service for those in need, serves daily meals, and holds other community programs. Participants in the focus group mentioned both Edmundite Missions and Bosco Nutrition Center very often. This may be in part because of the recruitment process for the focus group but could also be because Edmundite Missions has been in Selma since 1937 and has grown its relationship with the city and surrounding counties for 85 years.

The conversation about participants' experiences with food and nutrition had four key themes: (1) a need for more stores and better transportation; (2) inflation and unemployment affect food security; (3) gaps in the social safety net; and (4) a need for more community resources.

1. Stores are Few, Far, and Hard to Access

Two-thirds of participants mentioned that there aren't enough grocery stores where they live. Three participants living in Selma and one participant living in Lowndes County shared that there is only one grocery store in their town. There is no public transportation available to help people get to grocery stores, and the city of Selma does not have taxis. This makes it very hard for people to travel to stores in other towns, let alone travel to the store in their town. Rising gas prices have added to these challenges, making it even more expensive to get food. The current rise in food prices has added to these challenges; not only is it more expensive to get to the store, but they have to spend more on food once they arrive.

2. Inflation and Unemployment are Food Issues

When talking about their experiences with food, participants often mentioned the general economic state of Selma and the surrounding area. Half of the focus group participants mentioned that unstable job opportunities were a challenge for the area. Many also mentioned that youth needed more job training and education to prepare them to not only find but keep jobs. In addition to unstable job opportunities, one participant brought up unstable housing as a challenge for the community.

Recent, rapid rises in prices were a key theme in the conversation. Higher prices of gas make it harder to get to the grocery store, and higher food prices mean that money from government assistance programs are not going as far as they used to.

3. Students, Older Adults, and Others Are Falling Through the Social Safety Net

Many participants shared stories about how the social safety net does not support everyone in need. Several people talked about the difficulties in applying for social safety net programs like SNAP, especially for people with lower literacy. For example, the work requirements for SNAP often mean that college students are not eligible for the benefits even if they need the help. One participant said that older adults are not able to get SNAP benefits, which is a problem for those who are on a fixed income. When speaking about her own experience on social security, she said, “I receive my little Social Security check and it’s not enough to pay your bills, plus buy food.”

Several participants suggested expanding SNAP and social security benefits during times of steep price increases. Participants also called for a higher income limit for SNAP benefits, because the current limit means that people have to choose between working a couple extra hours or losing food assistance.

4. Resources in the Community Are Crucial, but More Are Needed

Every participant praised the Bosco Nutrition Center for providing multiple daily meals to the community. In addition to providing meals for people, participants reported that they gain a sense of community, support, and fellowship. Importantly, the Bosco Nutrition Center provides services beyond meals. Participants described receiving help with paying their bills, vision and medical care, clothing, and even mattresses. This suggests that the community benefits from having a central location for assistance across multiple parts of their lives. The Bosco Nutrition Center’s organization, Edmundite Missions, has also given community lessons on container gardening, so that people can grow their own fruits and vegetables. Several other churches in the area host food pantries for the community.

Even though there are several community outreach centers providing much needed services to the community, many participants noted that the area needs more resources. For example, even though a lot of participants said that allowing people to choose the foods they want at pantries reduces waste, a few church pantries and food banks in the area serve too many people to allow for a choice model. One participant described a food bank that only allows people to choose the foods they want once or twice a month.

There is a need for more assistance, particularly for people living in rural areas. People who live farther away from grocery stores and community resources face even greater hardships accessing food and assistance, due to a lack of public transit and taxis and rising gas prices. When asked about solutions, one participant suggested creating a produce bus that could bring fresh fruits and vegetables to rural communities that do not have grocery stores.

FARMERS FOCUS GROUP

Fourteen farmers were recruited to discuss their experiences serving their community. Across the focus group, six key themes emerged: (1) affordability, rising costs, and financial hardship; (2) the value of community gardening and its disappearance; (3) a lack of support and resources; (4) bottlenecks in government programs; (5) difficulty engaging youth; and (6) a strong community vision for food systems.

1. Affordability, Rising Costs, and Financial Hardship

Prices were widely identified across the focus group as a significant barrier to accessing farming tools and resources. Participants noted that the pandemic and war in Ukraine created price increases for fertilizer, seeds, irrigation, and transportation. In addition to recent price hikes, participants also noted that rising inflation prior to the pandemic was detrimental to farming. Several participants mentioned that fertilizer prices have increased over 200 percent in recent years. The situation continues to worsen as fluctuating global markets and stagnant wages decrease purchasing power.

Participants noted that Black smallholder farmers, specifically, do not have adequate funds to access resources. This often leaves them dependent on borrowing money from lenders. These farmers are then stuck in a cycle of lending and buying that keeps them in debt to lenders. Participants noted that finding lenders was another barrier to accessing resources. Three participants stated that generations of this financial hardship and debt have gradually reduced the number of Black smallholder farmers in the area. One participant stated, “A lot of the smaller farmers did not, could not farm. They had to let their land go because they didn’t have the funds to keep on going,” highlighting the long-term implications of financial hardship.

Four participants emphasized the role of large farming corporations in reducing financial resources. Large farming corporations can offer extremely low prices that smallholder farmers cannot compete with, effectively cutting them out of the market. One participant said that companies like Sysco forced them to lower their prices so much that it “hurts the little farm” and “cuts everybody out,” exacerbating existing financial hardships.

2. The Value of Community Gardening and Its Disappearance

Nearly all participants emphasized the importance of gardening in community formation and maintaining healthy lifestyles. Through teaching people how to grow their own food sustainably, community gardens provided easy and affordable access to fruits and vegetables. Four participants stated that community gardens prevent obesity and prolong life by promoting healthy eating. One participant explained that “until we can change the mindset and get our children to learn the benefit of farming” through community gardens, unhealthy eating “is not gonna change.”

The participants mentioned that community gardens provide something for people to look forward to and take care of. One participant stated that this helps prolong life since it “gives me something to do... it gives me something to look forward to.” The group largely agreed that community gardens prolong life by caring for the body and soul.

Three participants highlighted the work of Edmundite Missions with the Bosco Nutrition Center as beneficial in promoting community gardening. One participant said that Edmundite Missions gave them the opportunity to work with young students to develop a community garden. The participant noted that students were excited and invested in the garden project, and ultimately grew enough vegetables and fruits for the community to use. Nearly the entire group agreed that community gardens should be a central part of the community, and that if community members were responsible for growing their own food, “people would eat from their gardens, and it wouldn’t cause so much sickness.”

Despite widespread agreement on the value of community gardening, all participants observed that the gardens have almost entirely disappeared from their communities. One participant mentioned that every house used to have its own garden, but now nearly none have one. Barriers to continuing community gardens include expenses in upkeep, lack of government support and youth involvement, and cultural shifts towards fast food. One participant said that they love community gardens, but that “it just got too expensive.”

3. Farmers Face a Lack of Support and Resources

Producers experience significant setbacks due to a lack of support and resources, labor shortages, inefficient storage, inadequate transportation for their produce, and an inability to access the community market.

Four participants spoke on the impact of labor shortages on farming, highlighting that they “have to be cautious because we cannot find labor.” Finances were a common barrier to hiring labor, along with struggles to find people interested in working on their farms. One participant stated that labor shortages required them to work with only a mule and their own labor. The physical stress of manual labor led them to leave the farm, returning later only because their “love of the land.”

Inefficient storage worsens labor shortages as it prevents smallholder farmers from harvesting their crops ahead of time. One participant said, “We would have to go out there and harvest the greens on Sunday to...to deliver ‘em on Monday,” since they did not have a way to store or preserve the crops. Another participant agreed, stating that they have nowhere to store their fresh vegetables to get them to market in time. Three participants stated that more refrigerated storage facilities would help reduce the time crunch caused by labor shortages and prevent crops from going bad before they reach the market.

Rising prices of fuel prevent smallholder farmers from easily accessing transportation. Two participants emphasized that they need transportation support to get bring their crops to the market.

If smallholder farmers can overcome challenges with labor shortages, a lack of storage facilities, and transportation issues, they still struggle to reach the market. Participants stated that they cannot build relationships with local markets because “they already have a set system up.” Four participants said markets are often closed to local farmers, preventing them from selling their produce before it goes bad. One participant stated that there should be a local budget in every school system that is dedicated to purchasing fresh produce from local farmers at a fair market price.

4. Bottlenecks and Bureaucracy Make Government Programs Ineffective

Most participants were aware of government systems that can help smallholder farmers, such as the USDA and Natural Resources Conservation Service (NRCS), but many found them to be ineffective. Five participants described “bottlenecks” in government systems that prevent them from accessing resources until years after their initial requests are made. One participant stated that they have been waiting for irrigation assistance from USDA for over a year, while another participant said they have been on the list with the NRCS for over three years. One participant said, “They keep [farmers] on the list too long... you need the irrigation this year, and you gotta wait three or four years before you get it. That’s too long.” Multiple participants agreed that they are unable to receive assistance quickly enough to prevent long-term damage or hardship.

Participants also view government programs as ineffectively distributing funds. Most of the group believe that USDA provides more money to land-grant institutions that are not Historically Black Colleges and Universities. Participants proposed small grants for community-based organizations to help small farmers at the grassroots level, to address a pervasive need for operational capital. Wild animal and pest management, irrigation, labor costs, transportation, food safety training, cold storage, and packaging supplies were all identified as pain points for small farmers that could potentially be addressed through these small grants.

4. Difficulty Engaging Youth

Youth participation in agriculture is incredibly low. Eight participants stated that getting youth involved is an issue, and that it needs the same effort and funding provided during the pandemic. One participant expressed their frustration in low youth involvement, asking, “How can we get the young people to understand that if you don’t eat, you can’t live?” The lack of youth involvement contributes to declining numbers of Black smallholder farmers and worsens existing labor shortages.

Participants point towards community gardening as a solution to involving youth in farming. One participant said it will teach youth the value of the land and farming.

5. A Strong Community Vision for Food Systems

Most participants expressed a desire to help their communities and strengthen the relationship between the community and producers/connectors. Four participants pointed towards the vital connection between community and food, stating, “The true value of food is for our communities.” Participants agreed that farming provides for community needs by supplying fresh produce through local markets and donating to food pantries. Two participants also emphasized the importance of farming in connecting people to the earth.

Despite the hardships producers and connectors experience, almost all participants agreed that their love of farming keeps them from giving up. One participant said, “This is art, this is love... When we grow this food, there’s...there’s a love of it. It ain’t just, you know, trying to make money.”

FOOD SYSTEM CONNECTORS FOCUS GROUP

The “connectors” focus group at the Selma, AL listening session included participants from farmers markets, grocery stores, and a community meals and outreach center. The three core themes from the conversation can be generally characterized as: (1) a lack of capital and infrastructure facing farmers; (2) consumer demand challenges; and (3) a need for systemic policy shifts.

1. Farmers Need More Capital and Better Infrastructure

Farmers face a complicated set of challenges in the process of growing, pricing, marketing, and storing their produce. Participants identified persistent lack of capital as a barrier to farmers addressing these challenges adequately. Cold storage for produce came up many times in the conversation. Farmers need cold storage to keep their produce fresh and bring it to market. Local grocers and outlets that seek to provide a point of sale for farmers also need adequate cold storage to keep local produce fresh over the course of a week.

Participants cited rising fuel costs as a barrier for farmers to bring their products to market. Many participants mentioned that farmers cannot compete with the prices offered at large, national stores like Walmart and Aldi, and rising fuel costs add extra pressure. Many areas do not have the infrastructure, via farmers markets or local stores, for farmers to sell their fruits and vegetables. That lack of infrastructure disincentivizes farmers from bringing their produce to areas that need it. And even in farmers markets, one participant noted that the pressure for low prices can cause vendors to enter into a race to the bottom, which threatens their viability.

As one participant observed, there is a conflict between competition, sustainability, and viability for local food producers and vendors, which could be resolved by a combination of funding sources. Mission-driven money may support operations when the market will not and could serve as a supplement to both public and private funding.

2. Meeting Consumer Demand is Challenging for Local Producers

Even if farmers can bring their produce to a market or store, many participants identified consumer demand as a challenge. If consumers do not have a cultural background with certain foods, they are less likely to purchase them no matter what the health benefits may be. People do not eat what they do not know, and if a consumer does not know how to prepare a vegetable in a way that tastes good, they do not know that it *can* taste good, explained one focus group participant. Cooking demonstrations and classes can help address this. Overcoming this barrier would make food assistance programs more effective and could increase user uptake of assistance meant to make produce more affordable like double up food bucks (a program that doubles the amount of EBT dollars that can be spent on fresh produce).

The person delivering the information matters, cautioned one participant. She described a program that taught high school football players about nutrition, which in turn inspired the athletes to teach middle schoolers about nutrition. Because the younger students looked up to the football players, they were more receptive to the nutrition education.

Participants noted that convenience, however, often hinders consumer demand for local produce. Purchasing local fruits and vegetables, becoming familiar with how to prepare them, and then cooking a meal takes a significant amount of time. In the words of one participant, “it’s a lot easier to go to McDonald’s and go to the drive-through and get food.” For consumers that do not have reliable transportation to grocery stores, convenience wins out.

3. Systemic Problems Need System-Wide Solutions

When asked about ways to improve local, state, and federal government food and nutrition programs, participants frequently mentioned the need for a safety net, system-level interventions, and greater communication with producers and merchants. One participant emphasized the need for a farmers’ safety net beyond crop insurance. In the event of a system-level shock like the COVID-19 pandemic, farmers need backup markets for their produce. Another participant suggested capital investments to help small, successful agricultural operations expand. Several participants also reported that farmers struggled to navigate the requirements for Good Agricultural Practices (GAP) certification that might allow them to sell their produce in a wider variety of outlets.

Several participants asserted that the government has grown out of touch with the needs of producers and merchants. Farmers market regulations were one example: a participant’s clients did not have access to transportation to get to a farmers’ market on the other side of town. A state policy that regulates the proximity of farmers markets prevented that participant from opening a market closer to their clients, thus limiting consumers access to fresh produce and preventing a diversification of outlets for producers.

Programs like farmers market vouchers for seniors and doubling EBT dollars at markets are helpful, according to participants, but should be increased and expanded. Five out of ten participants mentioned that young, single men were a demographic category falling through the cracks between assistance programs. Three participants suggested that if a man is paying child support, his eligibility for federal assistance should be determined based on his income level *after*, rather than *prior*, to making child support payments. Several participants asserted that single young men are not able to apply for SNAP, which limits their nutritional options.

Participants offered many solutions for improving their local food system, starting with changing how federal programs are designed. If programs operate out of one agency, they may not address systemic issues affectively. Additionally, several participants called for communities—both producers and consumers—to be involved in the planning stages of government assistance programs. In the words of one participant, “being close to the problem, engaged, not just visiting, observing, but engaged in the problem is, I think, one of the most critical inputs to any . . . policies.” One participant called for an increase in the number of and information about grants geared towards minority farmers, as well as fewer regulations on grants for small farmers. Participants also identified a need for more education for people with EBT to learn where to spend their cards on local produce, and what to do with the produce they purchase.

NUTRITION AND HEALTH PROFESSIONALS FOCUS GROUP

The focus group of nutrition and health professionals included social workers and educators. Participants’ answers centered around five themes: (1) a need for consistent funding; (2) a lack of nuanced nutrition education; (3) economics, access, and job opportunities as challenges for their clients; (4) racial discrimination and systemic disparities in education and food access; and (5) a need for involving affected communities in policy development.

1. Programs Need Consistent Funding to Be Successful

Several participants mentioned reliance on grant funding as a barrier to successfully serving their community. Offices that receive only one kind of funding, for example federal funding, have to spend time applying for grants and other funding sources. Programs that are grant dependent often end with the funding, even if they are helpful. Additionally, if an organization or office has to charge a fee for an educational, health, or food program, it limits attendance and may not be helpful. More funding is needed to cover the cost of participation and for hosting the programs.

One participant who worked in a Community Eligible Provision (CEP) school district emphasized that CEP status allowed them to provide school meals efficiently and consistently at no cost to students. CEP is a USDA program that reimburses schools and school districts in low-income areas based on the percentage of their students eligible for free meals, which enables schools to serve free breakfast and lunch to all students without collecting applications. If not for CEP, the school would have to spend time applying for grants and funding, instead of focusing on serving their students.

2. Nutrition Education Needs to Be Context-Specific

The challenge of translating knowledge to behavioral changes was a core theme of the focus group discussion. Rather than educating people on what is “healthy,” participants stressed that there was a need for educating people on how to follow dietary guidance within their budget. For many participants’ clients, fresh produce can be expensive or hard to access; nutrition education that focuses only on those foods is unhelpful for them. In the words of one participant, “[People] think that you’re only eating healthy if you choose fresh fruit and vegetables, right? . . . it’s hard to go against social media and the media with all of this stuff that they’re getting in about organic and fresh, fresh produce. When you can have canned and frozen and still have a healthful diet.” Participants emphasized that education on food preparation that uses affordable, accessible ingredients would be most effective for their clients, and especially for young parents.

Many participants spoke about the resource constraints that their clients face, which would need to be addressed by nutrition education in order to be helpful. For example, some clients may want to purchase fresh produce, but have to opt for shelf-stable items instead: “Finances are such a worry that I’ll have clients who will wanna buy . . . shelf-stable items in case their power gets turned off, so that the milk doesn’t spoil.” Many clients do not have stable housing or consistent access to a refrigerator, stove, or power, and are struggling to make healthy choices for their families within these constraints.

3. Economic Pressures Force Hard Choices

Food education programs need to be tailored to the economic realities of clients, but the economic realities need to be addressed as well. Job opportunities and training, education, low wages, and rising prices all came up in conversation multiple times. More than half of focus group participants called out low wages as a major barrier to nutrition and food security. Even on the tightest budgets, one participant said their clients struggled to make ends meet. As gas, food, and infant formula prices rise and wages remain the same, clients have to make harder choices. One participant characterized the situation by saying that, “[High prices] become the pressing issues, not did I get five servings of fruits and vegetables today. It’s [is] everybody’s stomach rumbling, or [do we] at least feel full?”

Participants cited limited job opportunities as a consistent challenge. As the economy shifts to more technologically focused jobs, clients with high school diplomas are struggling to remain competitive as applicants. Several participants highlighted a need for more thoughtful economic development that considers not only the number of jobs being brought into the area, but the types of jobs as well. Additionally, “soft” social skills like preparing for a corporate work environment are needed. One participant mentioned that documentation requirements for jobs are challenging for their clients. If they do not have their birth certificate or a social security card, getting the correct documents can take hours or even days.

Finding quality, affordable childcare is a barrier for some clients who wish to work. This is a problem for both single parents and two-parent households. Some clients have access to childcare vouchers, but this payment assistance is unhelpful if parents do not feel comfortable with the childcare options in their area.

4. Racial Discrimination and Socio-Economic Disparities Need to Be Addressed to End Hunger

All but one participant spoke about racial discrimination and systemic, environmental disparities in their communities as obstacles to addressing hunger. In communities they serve, participants noted that too few stores, a lack of high-quality fresh produce, and a lack of transit to existing stores were all struggles for their clients. The latter has become especially important because of the recent rises in gas prices. As driving becomes less affordable, people who live in areas without reliable (or any) public transit cannot access the one or two grocery stores nearby.

Resource disparities between schools is also believed to be a challenge. Participants stated that schools with more resources—which often have a majority-white student population—can provide healthier lunch options for their students than schools in poorer districts—which often have a majority-Black student population. These disparities are reinforced by the community, as several participants explained that affluent schools have ecosystems of support that are absent in less affluent areas. Well-resourced schools are surrounded by community partners, like local businesses, that can volunteer time and money, in addition to having involved parents that can fundraise and volunteer. The disparities between schools result in students that have widely differing opportunities and experiences. Some students are prepared for the job market, and some are not. This perpetuates existing socio-economic divides and racial discrimination and creates what one participant characterized as a cycle of haves and have-nots.

Socio-economic disparities also affect how people address chronic, diet-related conditions. One participant explained that for their clients on Medicaid, “food insecurity and chronic disease kind of start to cycle.” If a client has to spend more money on medication, doctor appointments, and transportation to and from appointments, they have less money for other necessities. Food, they explained, is one of the first to be cut: “Your rent is fixed but your food budget is not. So, that’s where people start cutting dollars from, you know, one of those...one of those more flexible line items. And then they have less money to spend on nutritious foods which can make the chronic condition worse, and the costs associated with [the medical condition] go up.”

5. Choice and Community Involvement Can Improve Policy

When asked about solutions and improvements in public policy, participants emphasized choice, incentives, empathy, and community involvement as core areas for change. One participant recalled many of their clients receiving food boxes during the COVID-19 pandemic and throwing away foods they did not like or were unfamiliar with. Establishing a “pantry shopping” model to promote choice, rather than distributing pre-assembled boxes of food, would reduce food waste and build a sense of confidence in clients. Many participants expressed frustration with the current food bank system, citing the conditions and caveats that came with food donations.

Tax incentives were raised as an opportunity for supporting schools and local food systems. One participant suggested tax incentives to get more small grocers into communities that have very few grocery stores. Another participant suggested that in addition to bringing in more stores, the government could work with businesses to make healthier choices more affordable. Tax incentives for small businesses to invest in local school systems could bolster student opportunity and improve school food offerings. Over one third of participants said that universal school meals would be very helpful for their clients, as well as raising the income cap for SNAP eligibility.

Community involvement was highlighted as a missing element of policy making. Participants believe that policies would be more effective in meeting people’s needs if they were designed by people with experience of needing assistance. Instead of giving communities what the government thinks they need, explained one participant, government programs should start by asking communities what they need and want. This approach could build more empathy into assistance programs, as well. As one participant asked, “Why should we assume just because you can’t afford food, you’re... going to want and enjoy whatever we give you?”

CONCLUSION

Listening session participants generously shared their experiences and ideas for solutions to their communities’ problems. Even when describing the challenges they faced in trying to feed their families, participants also shared how they were helping their neighbors overcome similar challenges. From Oakland to Chicago to Selma, the Council met listening session participants—experts in their own experience—with strongly held values and a vision for ending hunger in the United States. Their insights reveal challenge areas that, if addressed, could reduce food insecurity, empower people, and enable them to thrive. The 2022 White House Conference on Hunger, Nutrition, and Health is an opportunity to take these perspectives seriously. The Council’s lived experience listening sessions are one piece of the larger conference efforts to listen to those on the ground. Rather than creating another once-in-a-generation policy process, these listening sessions and this conference could be the start of a way to create policy that meaningfully incorporates the ideas and experiences of those most affected. After listening, it is time to act and then listen again.

APPENDIX D. LISTENING SESSIONS IN NEW YORK CITY

INTRODUCTION AND METHODS

Tufts University is dedicated to engaging individuals who have important lived experiences with hunger, food and nutrition insecurity, and diet-related diseases in order to inform policies that address these issues. In July 2022, the Friedman School of Nutrition Science and Policy at Tufts University partnered with Hunger Free America to host listening sessions in New York City to inform the 2022 White House Conference on Hunger, Nutrition and Health. Hunger Free America is a nationwide organization with a deep grassroots presence in New York City, where it is headquartered. There, Hunger Free America both organizes people who have lived experience with food insecurity to engage in policy and advocacy efforts and facilitates the applications of low-income New Yorkers for the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Working with Hunger Free America was a crucial component in this work as they are a trusted organization that has deep ties with community members and service providers.

Two listening sessions were conducted in New York City, one with low-income participants in the Bronx and one with the food/hunger service provider network supporting New York City residents. Hunger Free America served as the local organizer and connection to listening session participants. In this role, Hunger Free America led participant recruitment and solicited honest feedback during the sessions in order to inform the policy making process. Tufts University provided a sample discussion guide, framing questions, financial support for low income participants and rapporteurs, and support with analysis and documentation of the listening session discussions. In addition to participant recruitment, Hunger Free America adapted the discussion guide and framing questions for their community and facilitated the listening sessions.

For both listening sessions, the time and location were based on participant availability. Both sessions lasted between 90-120 minutes, and both were audio-recorded (after obtaining participants' consent). One session was an in-person, evening session for low-income Spanish speakers at Hunger Free America's Bronx office. It was conducted in Spanish and feedback was translated into English by a bilingual notetaker. All participants in the Bronx listening session were compensated for their time in the form of gift cards and subway cards. The second session was a daytime session for the service provider network, conducted from Hunger Free America's Manhattan headquarters. In-person and virtual attendance options were provided for this session.

After the listening sessions, Tufts University staff reviewed the discussion notes and audio recordings to capture key concerns, opportunities, takeaways, and stories shared during the sessions. The discussion notes were shared back with Hunger Free America staff and meeting participants to confirm that they accurately reflected sentiments shared in the sessions. Several overarching takeaways emerged and were made available to inform the Task Force report.

Themes that emerged from both listening sessions included increased access to safety net programs, increased benefit size, poverty, and streamlining systems. Many participants in the Bronx session also called on government to create and administer programs that better integrate cultural practices of communities.

OVERARCHING TAKEAWAYS FROM NEW YORK CITY LISTENING SESSIONS

We can't end hunger without reducing poverty. Participants shared that due to low wages and prohibitive costs, people can't afford housing, medical care, childcare, and transportation. Food is seen as a more elastic expense and is often the first thing that gets whittled down. There was general agreement that poverty and economic opportunity need to be central considerations when discussing hunger, nutrition, and health. Furthermore, policies to increase wages and to make housing, transportation, and childcare more affordable would help many people get out of poverty while addressing hunger and nutrition issues.

“We have to run ourselves to the ground in order to make ends meet and there is just not enough to buy healthier food.”

Listening Session Participant

A different method is needed to determine poverty level. Participants thought that eligibility for SNAP and WIC are too restrictive when it comes to the income guidelines. As costs are going up many people need SNAP but may be just above the income limits, so they should be updated to reflect current costs of living. It was suggested that the Federal government should explore using a different method to determine poverty levels used in determining benefit eligibility such as a self-sufficiency or regional standards model that addresses geographic differences and looks at the actual cost of living in each city to determine poverty level assignments. Additionally, the Federal Government should address what is known as the “benefits cliff” and support a system that incentivizes people who are being supported by benefits to move up and get a higher wage without instantaneously losing their benefits.

- **Inflation is a big problem for both consumers and suppliers.** Going beyond poverty, participants emphasized that inflation is problematic for all. There is a need to include routine inflation adjustments and increase benefit amounts and government contract dollars to keep up with inflation. According to the Bronx Listening Session participants, inflation is now a major threat to food security and has negated the increased access that was observed during the COVID-19 pandemic.

Increasing access and benefits for WIC, SNAP, and School Meals is necessary. Participants across both sessions highlighted a number of ways in which to address these two critical pathways, such as including increasing funding, expanding age limits, making pandemic benefits permanent, and adopting more robust cost of living adjustments.

“Government needs to remove artificial barriers that make it hard for people to access the food that can be provided.”

Listening Session Participant

- **We need to start with a simplified application process.** There was discussion in both sessions about reducing the number of required documents, removing the in-person interview requirements, and offering the application(s) in a variety of languages and streamlining the application process across all Federal benefits (e.g., WIC, SNAP, Section 8 housing assistance). Several participants also stated that having only one benefit card to use for all benefit programs would be helpful in improving accessibility.

“The amount of time that is spent filling out forms, navigating the multiple systems is insane—we make people work so hard to receive any assistance and then we blame them for not having a job and we don’t value their time.”

Listening Session Participant

- **More participants should be able to access WIC.** Participants pointed out that current funding levels limit the reach of the programs, participation by more diverse providers, and innovations including family-focused community outreach and peer education programs. Participants specifically called out that WIC should be expanded to serve children in PreK through age 6 and government should reduce the number of in-person visits required to stay in the program (i.e., by allowing virtual options for at least some of the visits). Participants expressed that WIC should become an entitlement program providing access to benefits to anyone who needs it and that Congress should increase funding for WIC to reach more participants.
- **Increasing both access to and benefit amount for SNAP is crucial.** Participants in both sessions reported that pandemic benefits were extremely helpful in increasing access with the removal of application processes being hugely impactful. Participants thought that it would be beneficial to keep pandemic EBT SNAP policy in place. Several specific suggestions included: Increase funding for produce at farmers markets; removal of application process; eliminate work requirements for both able-bodied adults without dependents and college students and waive congregate feeding, especially for senior and summer school programs; increase SNAP online purchasing/delivery options and integrate benefit payment system so clients only have to manage one card.
- **Increased access and resources, while addressing cultural nuances for school meals is needed.** Participants in both sessions expressed that Congress should authorize and fund universal free meals with significant reimbursement rates (to have more scratch cooking, more nutritious foods, and more locally and regionally sourced produce). Participants also thought that pandemic EBT should be made permanent for summer, congregate eating requirements should be waived, and portion adjustments should be made for summer programming, which often requires more physical activity. They noted that many of the children who were in sports programs reported they were “still hungry” after meals. One participant shared:

“I think that the food that they give at school because it is so culturally different it is really hard for us to convince our kids to eat school food or reverse sometimes kids like the school lunch and so they come home and want that type of food, but culturally that’s not how we eat.”

Listening Session Participant

There is a need for better support and more guidance for food establishments in providing healthy options as well as optimizing technology. Participants shared that not all food business accept SNAP/EBT and that it was challenging to access hot meals in locations that offered them. They believe that SNAP dollars should be available for hot/prepared meals at authorized SNAP vendors. Participants also flagged that food establishments need more technical assistance to be able to accept EBT cards as well as more monitoring to ensure they aren’t discriminating or committing fraud. Lastly, they identified that many food businesses that have healthy food are often not conveniently located near people who are using benefits while fast food and junk food are more concentrated in these low-income areas. As such, they supported opportunities for food establishments to deliver healthy food.

More culturally and economically appropriate practices are needed to both increase awareness of programs and to tailor protocols and practices of food assistance programs. Participants in both sessions noted that program administrators and government agencies need to do a better job in considering the variety of living situations and cultural nuances in the lives of people they serve. There is no one size fits all. Benefit users come from a variety of ethnic backgrounds, some are older adults, some are children with undocumented parents, some are homeless, some are disabled, some need a short-term support. For instance, for those that are homeless, of older age, or disabled, access to prepared foods is crucial. Regarding building awareness, benefit users highlighted that many people in the community do not know about WIC and SNAP programs—and if they do, they do not know how to access them. Participants suggested the need to identify more appropriate distribution channels to reach a multicultural population in a variety of languages. One participant specifically suggested creating WIC outreach funds and enabling them to be combined with SNAP outreach funds. Regarding programming, cultural considerations were also highlighted with respect to school meals and the emergency food systems. Specifically, participants thought that USDA should provide opportunities for and encourage schools to provide a wider range of culturally appropriate foods based on community composition.

Worrying about food is a psychological stressor. Participants urged that everyone should try to experience what it is like to be a federal food program recipient. Many participants shared that stress about paying bills and getting food was a constant in their lives. A participant in the service provider group shared that participating in the SNAP Challenge, which involved committing to spending only \$4.30 per day on food, *“was the best thing I ever did.”* This participant shared that all they thought about was food and where the next meal was coming from and couldn’t imagine the stress and strain if they also had to think about feeding kids.

There is a lack of capacity and coordinated effort in the administration of the emergency/charitable food system. Participants in the service provider group suggested that government should provide resources to build a more coordinated system for emergency supports that includes providers at the table and offers community-based food distribution sites resources such as refrigeration (i.e., so that these sites could more consistently stock perishable foods). Participants also thought that it would be helpful if the emergency and charitable food system had a greater ability to connect clients to SNAP/WIC, ability to provide living wages to hire employees rather than rely on volunteer time, and ability to support more regional food processing capabilities to turn unused produce into shelf-stable foods. Participants shared that the need for better coordination became very clear during the pandemic. In their view, responses to support people in need were scattered and lacking coordination. While the bigger food pantries tried to fill the gaps in service with several starting mobile programs in the communities, 40% of smaller pantries closed down. Participants shared that the emergency food system was never professionalized as an industry—*“Food Banks are primarily warehouse systems—yet 70 percent of our labor (for the emergency food programs that food banks serve) is still volunteer.”* This led to highlighting that the wages of those who are employed in the system are not receiving living wages, *“so that the system is putting its own people into poverty.”* Participants thought that governments and philanthropies need to reimburse not-for-profits working in the emergency food distribution at adequate levels where the organizations can pay their employees a living wage, and that the USDA’s commodity supplemental food program should include cost-of-living increases and step-ups.

Having time and understanding how to prepare healthy meals plays an important role. According to participants, most people know what is healthy—but what is needed are educational supports that help with meal planning and preparation. One participant indicated that without home economics, youth are no longer learning how to plan meals in school. Another pointed out that pantries often don't have food that clients know how to prepare. The issue of time to scratch cook was also highlighted and that in general people across all walks of life are very busy and it's hard to find the time to shop and prepare food.

“Sometimes, we don't know how to cook things that are being offered like in pantries—I would love it if they offered some sort of workshops to teach us how to cook some of the food that is offered in places like pantries. This will really help because we can take advantage of that type of help instead of letting it go to waste.”

Listening Session Participant

CONCLUSION

New York City listening session participants came to the tables eager to share their experience in accessing and delivering healthy food and offered many real-life solutions to address hunger and access to nutritious food. Their insights highlight major gaps and opportunities that exist in food delivery systems. Reducing poverty, raising wages, and making the costs of living more affordable were central themes raised across the two listening sessions as fundamental considerations for any effort to end hunger and improve nutrition. Government has the opportunity to consider these real-world insights as policies are developed and programs are updated. The 2022 White House Conference on Hunger, Nutrition, and Health is an opportunity to take these perspectives seriously in developing efforts to reduce food insecurity, improve health, and enable people to thrive. The New York City listening sessions are one piece of the larger Task Force efforts to offer lived experience to the policy making process.

APPENDIX E. DIALOGUES HELD IN AUSTIN, TX; PORT ORCHARD, WA; CAMBRIDGE, MA; AND SAN FRANCISCO, CA

INTRODUCTION

In June 2022, the Good Food Dialogues launched with the goal of exciting, encouraging and facilitating widespread community participation in the White House Conference on Hunger, Nutrition, and Health. This platform provides communities, organizations, and individuals with the tools and resources they need to share their experiences and expertise. To encourage collaboration and transparency, the outcomes and learnings from each of the Local Dialogues are published and accessible on the platform to be easily accessed by stakeholders, policymakers, and coalitions. The Good Food Dialogues platform is hosted by Food Systems for the Future in partnership with World Central Kitchen, the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, the Chicago Council on Global Affairs, Hunger Free America, Global Citizen, Growing Hope Globally, and the Baylor Collaborative on Hunger & Poverty.

As of July 2022, eight Local Dialogues have taken place across the United States. Feedback has been received from four of the Dialogues that took place both virtually and in person in Austin, TX, San Francisco, CA, Port Orchard, WA, and Cambridge, MA. The Good Food Dialogues platform encourages continued Dialogues until and beyond the official White House Conference date, recognizing the importance of community engagement and participation to advance any policy agenda and move the United States towards a healthy, equitable, and sustainable future.

The Good Food Dialogues convening method was adapted, in partnership with 4SD, from the Dialogues method used to encourage broad participation in the United Nations 2021 Food Systems Summit. All Dialogue convenors have access to tools and resources located on the platform to guide them through the Dialogue convening process, including: a Reference Manual that explains the Good Food Dialogues methodology in detail, a Social Media Toolkit to assist in the advertising of their Good Food Dialogue, and two abridged guides for Dialogue convenors interested in adapting the suggested convening methodology. The Good Food Dialogues method was designed to be customized and adapted to fit the needs of the convenor and community. Dialogues are convened by individuals or organizations outside of Federal agencies, but formally connect to the Conference through an official feedback mechanism. The simple standardized feedback process ensures that all contributions are considered for analysis and synthesis.

The proposed Good Food Dialogues method featured three core elements:

- Opening Plenary to frame the focus for the Dialogue.
- Discussion Groups — curated groups to spur multisectoral discussion.
- Closing Plenary including a report back from each Discussion Group Facilitator.

The recommended duration of the Dialogues was 60-90 minutes (with at least 30 minutes for the Discussion session). The recommended number of participants was 15-50 participants but this could be more depending on the type of event. The recommended size of Discussion Groups was 8-10 members per group (not including a Facilitator and a note-taker).

Each Dialogue that was held adapted the method above to suit the group that they were convening. The summaries below provide greater detail about the methodology used in each Local Dialogue. While the method of convening varied, the official feedback form submitted by each Dialogue convenor was formatted in the same way. The Official Feedback Form included the following sections:

1. Participation: Age range, Gender, Race, Ethnicity, Sector, Stakeholder group
2. Principles of Engagement
3. Method
4. Dialogue Focus & Outcomes
 - a. Major Focus
 - b. Key Findings
 - c. Discussion Topic Outcomes
 - d. Areas of Divergence

In addition to the summaries provided below, Dialogue feedback forms are also published as public facing and searchable documents on the Good Food Dialogues platform and were submitted directly to the White House ahead of the July 15th, 2022 feedback submission deadline.

GOOD FOOD DIALOGUES SUMMARIES

Below are summaries of the feedback forms that have currently been submitted. Full feedback from all of the dialogues can be accessed directly on the Good Food Dialogues website.

Activity as Activism Dialogue — Austin, TX

This Dialogue was organized by two individuals, Candace Clark and Kyla Pete, and took place virtually in Austin, TX. This Dialogue consisted of a group of 10 participants from multiple sectors including: Academia, Environment, Agriculture, Nutrition, and Public Policy. There were two facilitators, one of which was also the notetaker, helping to guide the discussion using preformulated discussion questions developed by the Dialogue curators. After obtaining consent from participants, the conversations were recorded via audio and video and lasted 90 minutes. Since the size of the group was small, the discussion took place as one large group.

The main focus of this Dialogue was the importance of engagement with the physical environment, including green spaces and waterways. The incorporation of green spaces such as parks, community gardens, clean and safe waterways, and how this can have positive impacts on Black and Brown communities and create opportunities for safe activities and physical movement.

Key Takeaways from Activity as Activism Dialogue

- Invest in green infrastructure and the expansion of green spaces within Black and Brown communities in order to increase accessibility and opportunity for physical activity.
- Allocate federal funding specifically for making underserved communities more bike friendly and pedestrian friendly, particularly for over urbanized areas as well underserved rural areas.
- Increase funding for community led and centered, environmental and agricultural educational programming in order to enhance ownership of shared spaces as well as provide physical activity opportunities.
- Enact mandates and quotas for the inclusion of the homes and neighborhoods of people of color in better infrastructure.
- Require transparency on potential environmental harm from corporations or developers proposing projects near residential areas.
- Build more accessible community recreation centers.

Technology & Nutrition: Equalizing Maternal & Infant Health — Port Orchard, WA

This Dialogue was organized by Gainwell Technologies. The convening took place virtually in Port Orchard, WA and consisted of a group of 23 participants from multiple sectors including: Healthcare, Government, Health Insurance, and Nutrition. There were multiple facilitators helping to guide the discussion within each of the virtual breakout rooms. In each breakout room of smaller groups, the facilitators invited each participant to share their name, role/company and what excited them about the dialogue. This encouraged participants to build trust and connect over shared passions. By getting to know each other on both a professional and personal level, participants were able to complement the work of others and embrace multistakeholder inclusivity. This virtual Dialogue took place over the course of 90 minutes.

The main focus of this Dialogue was increasing the use of technology to improve nutrition for better maternal and infant health outcomes. This group discussed existing programs in states around the country, what barriers people may face and how to drive recipient engagement through technology integration.

Key Takeaways from Technology & Nutrition Dialogue

- Create a mobile app for each state that details the available programs, how to qualify, where to apply, services available and key contacts.
- Leverage technology to track healthy eating and aid in providing incentives to those who use their benefits to provide nutritious meals to their families.
- Create a community forum for mothers as a safe space to share experiences, exchange advice and receive community support.

Hungry for a Just Food System — Cambridge, MA

This Dialogue was organized by unBox, a youth-led food action collaborative. The convening took place in person in Cambridge, MA and consisted of a group of 14 participants from multiple sectors including: Academia, Environment, & Hunger. The discussion lasted for 90 minutes and was more conversational and guided by more general questions, leaving space for participants to address food system issues that they felt passionate about. The main focus of this Dialogue was less defined, but instead placed an emphasis on elevating youth voices, speaking up about the US food systems issues they care most about.

Key Takeaways from Hungry for a Just Food System Dialogue

- Involve youth. The White House must actively involve young people in policy development and implementation. The White House should proactively engage BIPOC, LGBTQ+, immigrants, and youth with disabilities, farmers and rural youth, and youth who receive or whose families receive SNAP, WIC, free or reduced-price school meals. The White House can do this by:
 - Working with USDA to create regional food systems visioning committees on which young people serve.
 - Expanding internship opportunities for young people to work in the White House and USDA before, during, and after college.
 - Increasing AmeriCorps VISTA program pay.
 - Helping schools design civic engagement curricula covering how to pre-register to vote, research legislation, contact their state and federal representatives, and provide public comment.
 - Supporting campus groups engaging their communities on food systems issues.
 - Increasing SNAP.
- The White House must act creatively, urgently, and in partnership with student-led groups to end campus hunger and student food insecurity for good. One major way to accomplish this is through eliminating student SNAP restrictions.

- The White House should work with the FTC to regulate and limit monopolies and restore competition. Support small farmers, grocery retailer entrepreneurs, and grocery cooperatives.
- Eliminate barriers for Black and Indigenous and other farmers of color.
- Support urban farming initiatives, particularly BIPOC-led initiatives incorporating food justice experiential education for youth.
- Fund “Double Up” SNAP incentives at farmers markets.
- Repeal the Jones Act to reduce food insecurity in Hawai‘i and the US territories and invest in sustainable, regenerative agriculture on US islands.

Youth. Fed Up. — San Francisco, CA

This Dialogue was organized by unBox, a youth-led food action collaborative. The convening took place virtually in San Francisco, CA and consisted of a group of 14 participants from multiple sectors including: Environment, Food Distribution, Food Retail, Government, Hunger, & Public Policy. There were two facilitators, one of which was also the notetaker, helping to guide the discussion using preformulated discussion questions developed by the Dialogue curators. The full discussion lasted for 90 minutes including check in questions, discussion, and an explanation of next steps.

The main focus of this Dialogue was to bring together a community of young people and mentors—and all eager members of the public to envision a more just, sustainable, and healthy U.S. food system.

Key Takeaways from Youth. Fed Up. Dialogue

- Ensure Native American food assistance programs such as FDIPIR include traditional foods
- Allow Tribes to administer their own programs through the 638 Authority.
- Invest in sustainable, regenerative agriculture that employs traditional ecological knowledge.
- End food apartheid by investing in public transportation, innovative grocery delivery and distribution pilots and SNAP online, supporting urban grocery cooperatives and nonprofit grocers, and urban farming.
- Increase SNAP and WIC.
- Fund universal school meals.
- Invest in produce prescription programs and Double-Up incentives at farmers’ markets.
- Reduce liability for grocers, restaurants, and distributors who want to donate their food.
- Create competitive grants for innovative food recovery pilots.
- Subsidize fruit and vegetable farming, invest in small farmers, and reduce subsidies for livestock feed monocrops.
- Reduce the digital divide by investing in rural and Tribal free or low-cost devices and Internet access programs, and digital literacy education at schools and libraries.
- When devising the Farm Bill, prioritize constituent voices over corporate lobbying interests, be transparent about proposed policy developments and bill language drafts as they are debated over the coming months, and sponsor Farm Bill listening sessions and outreach events with diverse stakeholders.

APPENDIX F. VIRTUAL LISTENING SESSIONS IN KENTUCKY

INTRODUCTION AND METHODS

The Foundation for a Healthy Kentucky hosted two virtual listening sessions on July 25, 2022, securing a combined total of nearly 100 participants. Participants identified themselves as one or more of the following: concerned consumers (45%), community food/health volunteers (42%); public health workers (43%); farmer/agriculture (25%), and food insecure (22%). One listening session was held in the afternoon and the other was held in the evening; each lasted two hours.

The listening sessions began with an overview presentation on hunger, nutrition, and health in Kentucky. All participants were invited to respond to a series of four poll questions during the course of the virtual meeting. Poll questions are included at the end of this summary. Participants then joined one of four breakout discussion groups. The breakout group topics and sub-topics are listed below.

1. Improve food access and affordability

- a. Ending hunger
- b. Increasing affordability
- c. Closing the gap between affordability and fair farm income

2. Integrating nutrition and health

- a. Improving access to good nutrition at home, school, and in the community
- b. Reducing diet-related diseases such as diabetes and obesity

3. Agriculture and regional food supply

- a. Beginning and disadvantaged farmers
- b. Regional farms, processing, aggregation, and distribution
- c. Restaurants, grocery stores, food trucks

4. Climate, pandemic, and food system resilience

- a. Lessons learned from the pandemic
- b. Current and potential impact from climate change
- c. Mitigating and adapting to climate change

Below is a list of the specific questions and/or prompts discussed in each breakout group. The key topics and themes that emerged from each breakout group will be provided in a more formal, final summary of the listening sessions. The summary was not available at the time of this report's publication but is expected to be available later in summer 2022 at the Foundation for a Healthy Kentucky website:

<https://healthy-ky.org/white-house-listening-session>.

BREAKOUT GROUP QUESTIONS/PROMPTS

Improve Food Access and Affordability Breakout Group

- What are you doing? What's working?
- How can we improve food security and meet people's immediate needs in this area?
- How do we close the gap between the food needed and being able to access it?
- What are the considerations in looking at this issue through an equity lens?

Integrating Nutrition and Health Breakout Group

How do we improve access to good nutrition at home, school and in the community?

- What is currently working?
- What is not working?
- What are local supply chain considerations?
- What are ways to expand child and adult nutrition programs?
- How can federal nutrition programs be improved?
- What do we do to improve long term health?
- What gaps exist in public health and nutrition education, especially as they may relate to high priority populations such as pregnant and breastfeeding women, children, and older adults?
- What does integrating nutrition and health mean in our communities and our local food chain?
- What gaps exist in public health and nutrition education as it relates to high priority populations?

Agriculture and Regional Food Supply Breakout Group

What are the challenges and solutions for supporting:

- Beginning and disadvantaged farmers?
- Regional farms, processing, aggregation, and distribution?
- Restaurants, grocery stores, and food trucks?

Climate, Pandemic, and Food System Resilience Breakout Group

- What does a resilient food system look like to you?
- How has the pandemic impacted you?
- What ideas do you have for addressing the impact of the pandemic?
- How have you been impacted by extreme weather events?
- What was helpful to you or what do you wish had been in place in the aftermath of an extreme weather event?
- What other ideas do you have to ensure the resilience of our food system?

All participants were invited to respond to a series of 4 poll questions during the course of each virtual listening session:

- Poll Question #1: What perspective are you bringing to this discussion?
- Poll Question #2: How strongly do you believe food and health are connected?
- Poll Question #3: Who has a greater role in addressing hunger, nutrition, and health (please rank)?
- Poll Question #4: Was this discussion helpful?

