

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

Report Webinar

Wednesday, August 31, 2022
2:00-3:30PM ET



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



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the Bia-Echo Foundation, the HAND Foundation, and World Central Kitchen.**



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Webinar Agenda

- The 2022 White House Conference on Hunger, Nutrition, and Health: Background
- Introduction to the Task Force on Hunger, Nutrition, and Health
- Overview of Hunger, Nutrition, and Health in the United States
- Task Force Report: Summary of the Process and Recommendations
- Panel Discussion (including time for audience Q&A)

Today's Speakers: Co-Chairs of the Task Force on Hunger, Nutrition, and Health



Chef José Andrés, World Central Kitchen



Ambassador Ertharin Cousin, Food Systems for the Future



Senator Bill Frist, Bipartisan Policy Center



Secretary Dan Glickman, Chicago Council on Global Affairs; Bipartisan Policy Center



Dean Dariush Mozaffarian, The Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University

The 2022 White House Conference on Hunger, Nutrition, and Health

Origins of the Task Force on Hunger, Nutrition, and Health

1969 White House Conference on Food, Nutrition, and Health

- Convened by President Nixon and chaired by Dr. Jean Mayer, founder of the Friedman School of Nutrition Science and Policy at Tufts University
- Historic in its bipartisanship, inclusivity, vision, and impact
- 3,000+ attendees from various sectors and backgrounds put forward 1,800 recommendations for improving national food policy, of which an estimated 1,650 were implemented in some form within two years
- Key outcomes: Major expansion of the National School Lunch Program and Food Stamp program; creation of the School Breakfast Program and the WIC program; implementation of new consumer protections such as nutrition labeling

From 1969 to 2022

- Together, the new policies and programs resulting from 1969 White House Conference established the current national framework for addressing food insecurity in America.
- Today, 53 years later, the country faces a new set of food and nutrition challenges—persistent food insecurity; poor nutrition; increasing obesity, diabetes, and related diseases; widening nutrition and health disparities; ever-rising health care costs; and challenges to military readiness.

Key Dates

- **March 15, 2022:** Congress included language and funding for the 2022 Conference in FY2022 omnibus spending package
- **May 4, 2022:** Conference announced by President Biden
- **July 15, 2022:** Submission date for stakeholders' inputs to the White House to inform the Conference
- **August 29, 2022:** Conference date of September 28, 2022, announced
- **September 28, 2022:** Conference to be held in Washington, DC and livestreamed

The Task Force on Hunger, Nutrition, and Health

- **The Task Force represents an independent effort**, not organized or endorsed by the White House, to bring together diverse voices from across the nation to help solve the issues at the heart of the Conference.
- **Goals:** To bring together multiple stakeholders with a range of perspectives, including individuals with diverse lived experiences, to develop a consensus report of policy recommendations to inform the Conference.
- **Operational leads:** Chicago Council on Global Affairs, Food Systems for the Future, Friedman School of Nutrition Science and Policy at Tufts University, and World Central Kitchen.

Overview of Hunger, Nutrition, and Health in the United States

Hunger and Food Insecurity

- In 2020, about **38 million Americans**, including 12 million children, lived in food insecure households.
- **1 in 10** households experienced food insecurity at least some time during 2020.
- These challenges affect Americans in **every state**, across rural and urban households, and across political perspectives.
- These burdens are higher among those who live in rural areas, have lower incomes, and in racial/ethnic minority groups.

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

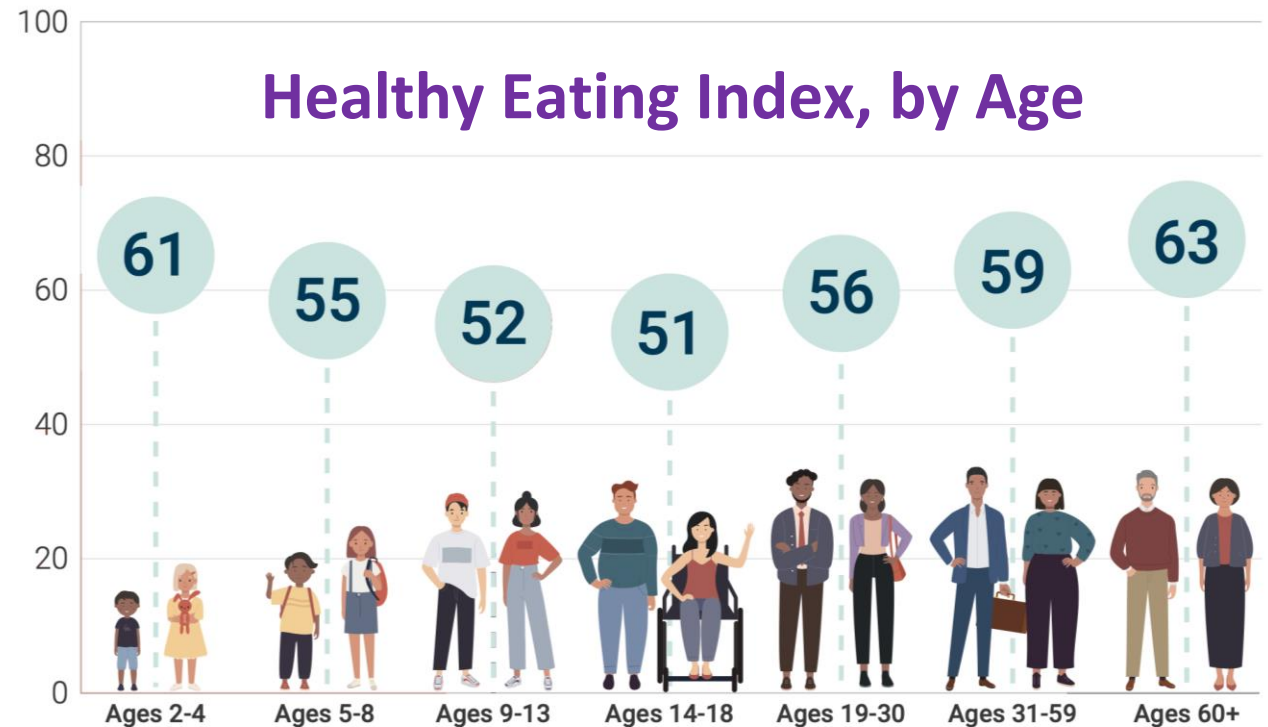
1.5x higher

FOR HOUSEHOLDS WITH
CHILDREN UNDER
SIX YEARS OLD

Sources: USDA, Economic Research Service

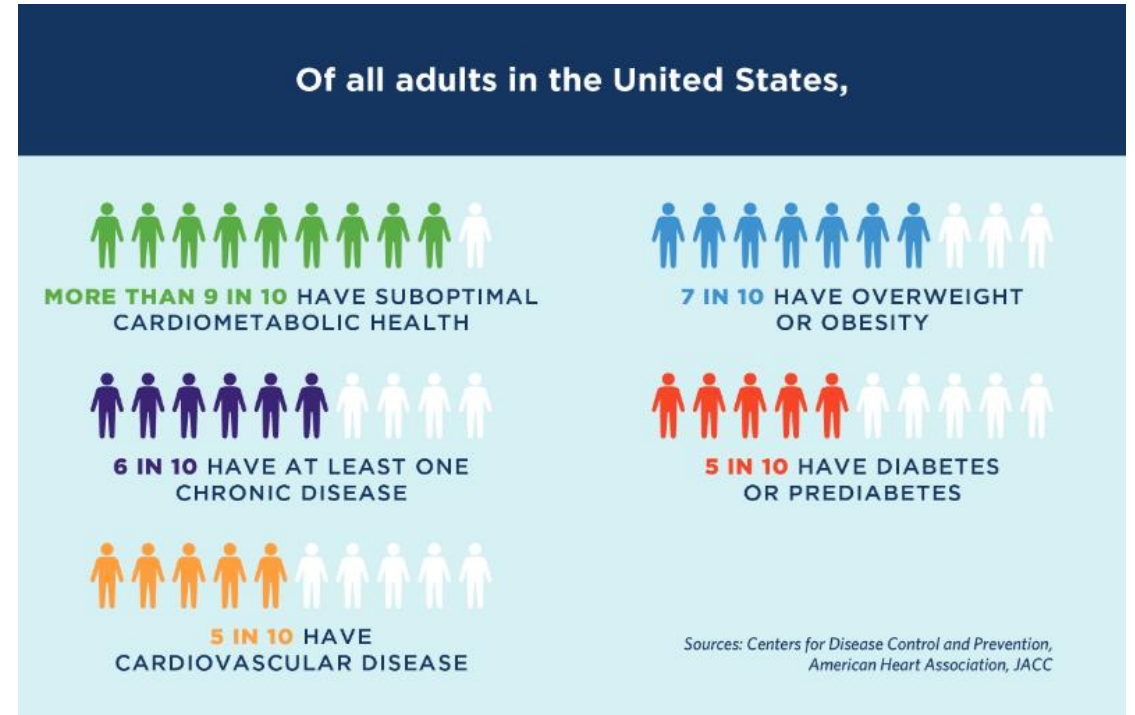
Poor Nutrition

- Americans have a **failing grade** on nutrition.
- The average score on the Healthy Eating Index, a measure of a healthy diet, is only **58 out of 100**.
- No age, sex, racial/ethnic, or income group has an average score above 65.
- Diet quality is worst among teenagers and school-aged children.



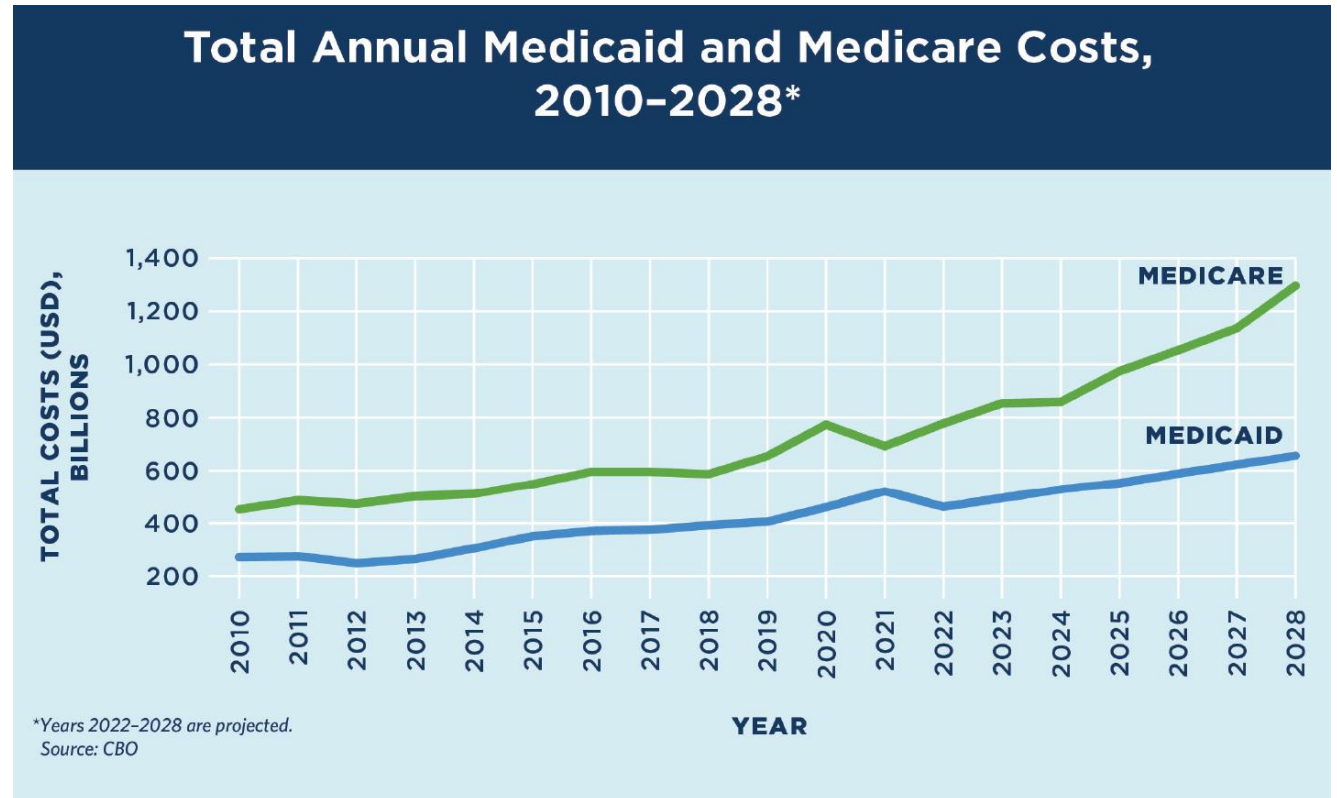
Diet-Related Diseases

- Poor nutrition is the top driver of U.S. deaths, estimated to cause more than 500,000 deaths each year.
- The vast majority of U.S. adults are sick, mostly from diet-related diseases.
- Among U.S. teens, 1 in 4 have prediabetes, 1 in 4 have obesity, and 1 in 4 have fatty liver.
- Many of these changes have occurred in just the last few decades.
- Like hunger, these burdens disproportionately affect Americans who have lower incomes, live in rural areas, and are in racial/ethnic minority groups – but no group is spared.



Rising Health Care Spending

- Since 1970, health care spending has risen from 1 in 20 to nearly **1 in 3** dollars in the federal budget.
- In 2020, health care spending was **19.7% of GDP** - 1 in 5 dollars in the economy.
- **86%** of U.S. health care spending is for chronic diseases, and many of these are diet-related.
- The food system is estimated to cause **\$1.1 trillion** in economic losses each year due to health care spending and lost productivity.



Strained Military Readiness

- Nearly **1 in 3** young Americans do not qualify for military service due to excess weight.
- Addressing poor nutrition and diet-related diseases among youth is paramount to ensuring a strong U.S. military today and into the future.

“Basic training lasts weeks, but building strong troops takes years. Encouraging healthy lifestyles early in life will help our nation prepare for future challenges.”

– *General (Ret.) Richard B. Myers, 15th Chairman of the Joint Chiefs of Staff*



Potential to Unlock Business Innovation

- **1 in 10 U.S. jobs** – 19.7 million – are directly supported by the food and agriculture sector.
- The food and agriculture sector contributes **\$1.1 trillion** to the nation's economic output.
- Food and agriculture **exports total \$183 billion** each year.
- Food and agriculture sector businesses are the **#1 source** of new small businesses and new jobs in racial and ethnic minority communities.
- Consumers are demanding healthier, more authentic, more nourishing foods



Task Force Report:

Summary of the Process and Recommendations

This report reflects a broad multi-stakeholder, consensus-based process on U.S. food and nutrition policy



Task Force Members

- **Sonia Angell**, Johns Hopkins Bloomberg School of Public Health
- **Catherine Bertini**, Chicago Council on Global Affairs
- **Catherine D'Amato**, Greater Boston Area Food Bank
- **Robert Egger**, Community Nutrition Innovator and Elder Ally
- **Curt Ellis**, FoodCorps
- **Priya Fielding-Singh**, University of Utah
- **Sam Kass**, TROVE
- **Jim Krieger**, Healthy Food America
- **William Li**, Angiogenesis Foundation
- **Roberto Meza**, National Young Farmers Coalition
- **Angela Odoms-Young**, Cornell University
- **Rear Admiral (Ret.) Frank Ponds, USN**, Mission: Readiness
- **Martin Richards**, Community Farm Alliance
- **Teresa Romero**, United Farm Workers
- **Leslie Sarasin**, FMI – The Food Industry Association
- **Pam Schwartz**, Kaiser Permanente
- **Hilary Seligman**, UC San Francisco
- **Brooks Tingle**, John Hancock Insurance
- **Ann Veneman**, U.S. Department of Agriculture
- **Donald Warne**, University of North Dakota
- **Kim Williams**, University of Louisville

Strategy Group Members

- The 1890 Universities Foundation
- American Academy of Pediatrics
- American Diabetes Association
- Academy of Nutrition and Dietetics
- American Society for Nutrition
- American Cancer Society
- American Heart Association
- 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
- The Nature Conservancy
- Swipe Out Hunger
- Wholesome Wave

INFORMING THE WHITE HOUSE CONFERENCE:

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A REPORT OF THE
Task Force on Hunger,
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Final Report

Visit <https://informingwhc.org/2022-task-force-report> to download the full report, executive summary, press materials, and more.

The Report

- Focused on all three goals of the Conference – addressing **hunger, nutrition, and diet-related chronic diseases** – and four of the White House pillars – **improving food access and affordability, integrating nutrition and health, empowering consumers, and enhancing research.**
- Centered on perspectives of **individuals with diverse lived experiences.**
- Prioritized **evidence-based, actionable** recommendations.
- Prioritized **double and triple duty actions** – those achieving benefits across multiple Conference goals and pillars.

30 Policy Recommendations across 6 Domains

- Federal Nutrition Programs
- Public Health and Nutrition Education
- Health Care
- Science and Research
- Business and Innovation
- Federal Coordination

Policy Recommendations: Examples

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</i> (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.	✓	✓	✓	

Policy Recommendations: Examples

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.	✓	✓	✓	✓

Policy Recommendations: Examples

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.		✓	✓	

Specific Policy Actions: Examples

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.

Specific Policy Actions: Examples

Policy Recommendation #1

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

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 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.

Specific Policy Actions: Examples

Policy Recommendation #1

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

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.

Specific Policy Actions: Examples

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.

Specific Policy Actions: Examples

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.

Specific Policy Actions: Examples

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 #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.

Specific Policy Actions: Examples

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 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.

12 Recommended Business Commitments: Examples

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.

Panel Discussion

*Moderated by Peggy Yih, Chicago Council on Global Affairs
and*

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

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Thank you for attending

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task-force-report/](https://informingwhc.org/2022-task-force-report/)