



# CURRENT FEDERAL PROGRAMMING AND COORDINATION EFFORTS RELATED TO FOOD AND NUTRITION INSECURITY AND DIET-RELATED DISEASES

## Summary

The United States Department of Health and Human Services (HHS) prepared the following report which details current federal programming that directly or indirectly impacts food and nutrition insecurity and diet-related diseases as well as efforts to coordinate across federal agencies and between federal agencies and Tribal, state, and local governments.

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# Report to Congress: Current Federal Programming and Coordination Efforts Related to Food and Nutrition Insecurity and Diet-related Diseases

## Introduction

On March 15, 2022, President Biden signed the Consolidated Appropriations Act, 2022 (P.L. 117-103), into law. The Act provides appropriations under Division H, the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act for the fiscal year ending September 30, 2022. The accompanying Explanatory Statement<sup>1</sup> directed the U.S. Department of Health and Human Services (HHS) to report on current programming that impacts food and nutrition insecurity and diet-related diseases:

In preparation for the White House Conference on Food, Nutrition, Hunger, and Health, HHS shall consult with other Federal agencies and report initial findings to the Committees no later than 120 days after enactment of this Act. The findings shall identify current programming that directly or indirectly impacts food and nutrition insecurity and diet related diseases; specific statutory, regulatory, and budgetary barriers to ending hunger and improving nutrition and health in the United States and the Territories; existing examples of coordination mechanisms between Federal agencies; Federal agencies and state, local, and Tribal governments; and all levels of government and program implementers; and additional authorities or resources needed to eliminate hunger and improve nutrition and health.

In response to this directive, HHS, in partnership with other federal agencies and the White House, prepared the following report which details current federal programming that directly or indirectly impacts food and nutrition insecurity and diet-related diseases as well as efforts to coordinate across federal agencies and between federal agencies and Tribal, state, and local governments.

## Background

The United States is experiencing two parallel crises related to food and public health: hunger and diet-related diseases. In 2020, 1 in 10 households (more than 38 million Americans)

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<sup>1</sup> [https://docs.house.gov/billsthisweek/20220307/BILLS-117RCP35-JES-DIVISION-H\\_Part1.pdf](https://docs.house.gov/billsthisweek/20220307/BILLS-117RCP35-JES-DIVISION-H_Part1.pdf)

experienced food insecurity.<sup>2</sup> Food insecurity means that households were, at times, unable to acquire adequate food for one or more household members because they had insufficient money and other resources for food.<sup>3</sup> Nearly four percent of households in 2020 experienced an even more severe range of food insecurity (very low food insecurity). Very low food insecurity means that households were food insecure to the extent that eating patterns of one or more household members were disrupted and their food intake reduced at least some time during the year because they could not afford enough food.<sup>4</sup>

At the same time as many Americans are struggling with hunger, there is a growing epidemic of diet-related diseases among adults in the U. S. In 2020, more than 600,000 people died of heart disease.<sup>5</sup> One in ten Americans has diabetes.<sup>6</sup> More than 4 in 10 have obesity.<sup>7</sup> And, more than 4 in 10 American have hypertension.<sup>8</sup> Poor nutrition plays a key role in these and other diseases. Current eating patterns in the U. S. do not align with the *Dietary Guidelines for Americans*.<sup>9</sup> Most people do not eat enough fruits, vegetables, dairy, whole grains, and healthy oils, and consume too much saturated fat, sodium, and added sugars.

Along with poor nutrition, physical inactivity is also a risk factor for chronic diseases. Regular physical activity can reduce the risk of heart disease and diabetes; help manage weight; strengthen bones and muscles; and improve people’s ability to do everyday activities. Engaging in any amount of physical activity can result in immediate health gains.<sup>10</sup> However, only 24% of American adults meet the *Physical Activity Guidelines for Americans* for both aerobic and muscle-strengthening activity.<sup>11</sup>

The impacts of hunger and diet-related diseases are significant and far reaching, including poor health, decreased academic achievement,<sup>12</sup> and increased financial stress.<sup>13</sup> In turn, there are significant societal costs: reduced workforce productivity,<sup>14</sup> weakened national security (1 in 4

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<sup>2</sup> <https://www.ers.usda.gov/publications/pub-details/?pubid=102075&eType=EmailBlastContent&eId=db5d3794-c98f-4d8e-9a6e-9e9f58a9ea99>

<sup>3</sup> <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/measurement/>

<sup>4</sup> <https://www.ers.usda.gov/webdocs/publications/102076/err-298.pdf?v=480.7>

<sup>5</sup> <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

<sup>6</sup> <https://www.cdc.gov/diabetes/data/statistics-report/diagnosed-undiagnosed-diabetes.html>

<sup>7</sup> <https://www.cdc.gov/nchs/products/databriefs/db360.htm>

<sup>8</sup> <https://www.cdc.gov/nchs/data/databriefs/db364-h.pdf>

<sup>9</sup> [https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary\\_Guidelines\\_for\\_Americans-2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf)

<sup>10</sup> [https://health.gov/sites/default/files/2019-09/Physical\\_Activity\\_Guidelines\\_2nd\\_edition.pdf](https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf)

<sup>11</sup> <https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity/increase-proportion-adults-who-do-enough-aerobic-and-muscle-strengthening-activity-pa-05>

<sup>12</sup> <https://pubmed.ncbi.nlm.nih.gov/27599886/>

<sup>13</sup> <https://pubmed.ncbi.nlm.nih.gov/32125402/>

<sup>14</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640019/>

young adults cannot qualify for the military due to overweight or obesity<sup>15</sup>); and increasing health care costs. In 2018, government spending to treat cardiovascular disease, cancer, and diabetes accounted for 54% of the \$383.6 billion in health care spending to treat these conditions.<sup>16</sup>

Hunger and diet-related diseases disproportionately impact underserved communities, including Native American or Alaska Native, Black, Latino, Asian American, Native Hawaiian, and Pacific Islander Americans; families living below the federal poverty line; service members and veterans; individuals with special needs; LGBTQI+ families; and Americans living in rural areas.

For example, the rates of food insecurity in non-Hispanic Black (21.7%) and Hispanic (17.2%) households is triple and double that of White households (7.1%).<sup>17</sup> Additionally, American Indian or Alaska Native persons had the highest prevalence of diagnosed diabetes (14.5%) among all U.S. racial and ethnic groups, followed by non-Hispanic Black (12.1%), Hispanic (11.8%), non-Hispanic Asian (9.5%), and non-Hispanic White (7.4%) populations.<sup>18</sup> And, people who live in rural areas are more likely than urban residents to die prematurely from all leading causes of death, including heart diseases, cancer, and stroke.<sup>19</sup> There is also a strong link between hunger and diet-related diseases, with individuals who report being most food insecure also being at a higher risk of developing diet-related diseases.

Individuals living in U.S. territories—American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), Guam, Puerto Rico, and the U.S. Virgin Islands (USVI)—are also disproportionately impacted by hunger and diet-related chronic disease. A long-standing array of health challenges—including a lack of parity in access to food assistance programs,<sup>20</sup> disparities in health care delivery,<sup>21</sup> and a high dependence on imported food—put them at a disparate risk for food insecurity and diet-related chronic disease. For example, a September 2020 survey found that 40% of Puerto Rican families reported food insecurity.<sup>22</sup>

The parallel crises of hunger and diet-related diseases worsened during the COVID-19 pandemic. More Americans experienced hunger, diet-related diseases increased the risk for severe symptoms and death from COVID-19, and disparities grew. One study estimated that nearly two-thirds of COVID-19 hospitalization in the U. S. were related to obesity, diabetes,

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<sup>15</sup> <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/military-readiness.htm>

<sup>16</sup> <https://www.gao.gov/products/gao-21-593>

<sup>17</sup> <https://www.ers.usda.gov/publications/pub-details/?pubid=102075&eType=EmailBlastContent&eId=db5d3794-c98f-4d8e-9a6e-9e9f58a9ea99>

<sup>18</sup> <https://www.cdc.gov/diabetes/data/statistics-report/index.html>

<sup>19</sup> <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/rural-health.htm>

<sup>20</sup> <https://sustainableagriculture.net/blog/farmland-us-territories-1/>

<sup>21</sup> <https://pubmed.ncbi.nlm.nih.gov/27593609/>

<sup>22</sup> <https://publichealth.gwu.edu/content/survey-finds-40-percent-puerto-rican-families-reporting-food-insecurity-due-covid-19>

hypertension, or heart failure.<sup>23</sup> Along with this adverse relationship between COVID-19 and diet-related diseases, prevalence rates of diet-related diseases have been getting worse during the pandemic. For example, there was a sharp increase in obesity rates during the pandemic, and the largest increases were seen in those with overweight and obesity and in younger school-aged children.<sup>24</sup> One study showed that the increase in child obesity rates was more pronounced in children who are Hispanic, non-Hispanic Black, publicly insured, or lower income.<sup>25</sup>

The causes of hunger and diet-related diseases and the disparities surrounding them are complex and multifaceted. Social determinants of health, including educational and economic opportunities, access to health care, safe housing, transportation, and neighborhood design, influence an individual's access to food, healthy eating, and active living. For example, access to quality food is generally much lower in low-income neighborhoods and neighborhoods where residents are predominately people of color. Additionally, children from low-income families typically have fewer opportunities to be physically active because of lesser access to safe streets and playgrounds.<sup>26</sup>

To comprehensively address these multifaceted problems, a whole-of-government approach is needed to ensure all Americans have equitable access to food as well as healthy foods and safe places to be active and promote well-being.

Recognizing the need for immediate, sustained, collaborative action, on May 4, 2022, President Biden announced that the Administration would host a White House Conference on Hunger, Nutrition, and Health (White House Conference) in September 2022. The Biden-Harris Administration has committed to a goal of ending hunger and increasing healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases such as diabetes, obesity, and hypertension. The White House Conference, and the work leading up to it, will catalyze the public and private sectors as well as community-led organizations and advocacy groups around a coordinated strategy to accelerate progress and drive transformative change in the U. S. The Biden-Harris Administration is already making progress on this work by regularly convening an interagency workgroup with more than 20 federal agencies and regional commissions (see Appendix) and engaging in extensive stakeholder engagement (see Next Steps).

## Current Federal Hunger, Nutrition, and Diet-related Disease Programming

Departments and agencies across the federal government lead numerous existing programs and initiatives to address hunger and diet-related diseases. To prepare this report, HHS, in

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<sup>23</sup> <https://www.nih.gov/news-events/nih-research-matters/most-covid-19-hospitalizations-due-four-conditions>

<sup>24</sup> [https://www.cdc.gov/mmwr/volumes/70/wr/mm7037a3.htm?s\\_cid=mm7037a3\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7037a3.htm?s_cid=mm7037a3_w)

<sup>25</sup> <https://publications.aap.org/pediatrics/article/147/5/e2021050123/180889/COVID-19-and-Changes-in-Child-Obesity>

<sup>26</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5667611/>

collaboration with the White House, solicited information from the agencies in the aforementioned interagency workgroup on their current programming, including coordination mechanisms between federal agencies as well as between federal agencies and Tribal, state, and local governments, as appropriate. While the following list includes many initiatives, the ongoing effects of hunger, poor nutrition, and diet-related disease indicate that there are gaps in existing programming. Feedback from advocates and those with lived experience further emphasizes the need for a shift and provides an impetus for the White House Conference on Hunger, Nutrition, and Health, which will serve as a launchpad for improvement.

To align with the framework the Administration is using for the upcoming White House Conference, the programs and initiatives below have been categorized across five pillars. These pillars are:

- Pillar 1.** Improve food access and affordability: End hunger by making it easier for everyone — including urban, suburban, rural, and Tribal communities — to access and afford food. For example, expand eligibility for and increase participation in food assistance programs and improve transportation to places where food is available.
- Pillar 2.** Integrate nutrition and health: Prioritize the role of nutrition and food security in overall health, including disease prevention and management, and ensure our health care system addresses the nutrition-related needs of all people.
- Pillar 3.** Empower all consumers to make and have access to healthy choices: Foster environments that enable all people to easily make informed healthy choices, increase access to healthy food, encourage healthy workplace and school policies, and invest in public messaging and education campaigns that are culturally appropriate and resonate with specific communities.
- Pillar 4.** Support physical activity for all: Make it easier for people to be more physically active in part by ensuring everyone has access to safe places to get active, increase awareness of the benefits of physical activity, and conduct research on and measure physical activity.
- Pillar 5.** Enhance nutrition and food security research: Improve nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.

HHS acknowledges that, along with the programs outlined in this report, anti-poverty programs play a significant role in reducing food insecurity. For example, research shows that expansion of the child tax credit in the American Rescue Plan was associated with a 26% reduction in food insecurity.<sup>27</sup>

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<sup>27</sup> [https://childrenshealthwatch.org/wp-content/uploads/shafer\\_2022\\_oi\\_211202\\_1641586727.69679.pdf](https://childrenshealthwatch.org/wp-content/uploads/shafer_2022_oi_211202_1641586727.69679.pdf)



## Pillar 1: Improve food access and affordability

### *U.S. Department of Health and Human Services (HHS)*

#### *Administration for Children & Families (ACF)*

- Through the **Social and Economic Development Strategies (SEDS)** and the **Environmental Regulatory Enhancement (ERE) programs**, the Administration for Native Americans (ANA), an Office within ACF, administers a variety of grants that promote access to healthy and local food, focus on reducing hunger, and increasing the health of Indigenous people throughout the U.S. and Pacific Territories. ANA is currently collaborating with Tribes on 24 hunger, nutrition, and health projects under SEDS and ERE.
  - **Collaborations:** HHS collaborates with Tribes on these programs.
  - **Other Relevant Pillars:** Pillar 2: Integrate nutrition and health; and Pillar 3: Empower all consumers to make healthy choices.
- The **Head Start Program Performance Standards (Section 1302.44)** outlines the nutrition requirements Head Start programs must implement. Head Start programs must identify each child's nutritional health needs, taking into account available health information, including the child's health records, and family and staff concerns, including special dietary requirements, food allergies, and community nutrition issues as identified through the community assessment. Head Start programs must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities.
  - **Collaborations:** Office of Head Start collaborates with the ACF Office of Child Care and the USDA Food and Nutrition Service (FNS) Supplemental Nutrition and Safety Programs (SNAS) and Child Nutrition Programs (CNP).
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.

#### *Administration for Community Living (ACL)*

- The **Older Americans Act (OAA) Senior Nutrition Program** authorizes meals and nutrition services for older individuals 60 years and older and their spouses of any age in a congregate setting and by home-delivery. These meals adhere to the *Dietary Guidelines for Americans* and the Dietary Reference Intakes. Together, about 5,000 providers nationally serve more than 900,000 meals a day in communities across the country.
  - **Collaborations:** ACL collaborates with USDA regarding the Nutrition Services Incentive Program of (OAA).
  - **Other Relevant Pillars:** Pillar 2: Integrate nutrition and health.

#### *Centers for Disease Control and Prevention (CDC)*

- The **Building Resilient Inclusive Communities: Improving Food System, Access to Safe Physical Activity and Social Connectedness (BRIC) program** was initiated

following the onset of the COVID-19 pandemic through a cooperative agreement with the National Association of Chronic Disease Directors. The program provides technical assistance from experts in health equity-approaches for nutrition security, physical activity, and social connectedness in populations experiencing COVID-19. As part of the BRIC program, states are engaging more than 60 communities to address food and nutrition security, improve safe physical activity access, and reduce social isolation and loneliness.

- **Collaborations:** CDC collaborates with 20 state Health Departments and other non-government organizations on this program.
- **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices; and Pillar 4: Support physical activity for all.
- The **Farm to Early Care and Education Implementation Grant Program** provides funding to stand up farm, gardening, and food-related initiatives at Early Care and Education (ECE) centers. These programs give young children increased exposure and access to local produce, opportunities to learn about nutrition and agriculture, and hands-on learning through gardening. In FY2021, this program reached over 219,000 children and 1,900 ECEs in 10 states and the District of Columbia.
  - **Collaborations:** CDC collaborates with the ten states and the District of Columbia, and other non-government organizations.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.

*U.S. Department of Agriculture (USDA)*

- The **Supplemental Nutrition Assistance Program (SNAP)** provides nutrition assistance to income eligible individuals and households to supplement their food budget so they can purchase healthy food. Recipients receive a monthly benefit on an Electronic Benefits Transfer (EBT) card, similar to a debit card, which can be used at authorized retailer stores to purchase food, including some online retailers. SNAP is the largest federal nutrition assistance program. In FY21, 41.5 million people received SNAP.
  - In lieu of SNAP, the **Nutrition Assistance Program** block grants provide food assistance to the Commonwealth of Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands in partnership with the USDA.
  - **Collaborations:** USDA collaborates with states to ensure all eligible for the program participate.
- The **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** provides federal grants to states for supplemental foods, health care referrals, and nutrition education for eligible women who are pregnant, breastfeeding, and non-breastfeeding postpartum, infants, and children up to age 5 who are found to be at nutritional risk. WIC participants receive the following benefits: supplemental nutritious foods, nutrition education and counseling at WIC clinics, breastfeeding promotion, and screening and referrals to other health, welfare, and social services. WIC has become one of the most successful nutrition intervention policies for improving maternal and child

health who are at nutrition risk and living in or near poverty and served about 6.2 million participants per month in FY2021.

- **The WIC Farmers Market Nutrition Program (FMNP)** issues coupons to eligible WIC participants to buy eligible foods from farmers, farmers' markets or roadside stands that have been approved by the state agency to accept FMNP coupons. An average of 1.7 million recipients receive FMNP benefits each year.
- **Collaborations:** USDA collaborates with 89 WIC states to administer the program and partners with approximately 47,000 authorized retailers to provide food and services to enrollees.
- **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Senior Farmer's Market Program (SFMNP)** provides low-income seniors with access to locally grown produce. Over 800,000 seniors receive SFMNP benefits each year.
  - **Collaborations:** USDA awards grants to states, the District of Columbia, U.S. territories, and Tribes to administer the program.
- The **National School Lunch and School Breakfast Programs (NSLP, SBP)** are federally assisted meal programs operating in public and nonprofit private schools and residential childcare institutions. They provide nutritionally balanced, low-cost, or no-cost lunches to children each school day. Over 30 million children participate in NSLP each day and nearly 15 million children participate in SBP each day. A complementary school program is the **Special Milk Program (SMP)**, which provides milk to children in schools and childcare institutions who do not participate in other federal school-based meal service programs.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Child and Adult Care Food Program (CACFP)** provides reimbursements for nutritious meals and snacks to eligible children and adults who are enrolled for care at participating childcare centers, day care homes, and adult day care centers. CACFP also provides reimbursements for meals served to children and youth participating in afterschool care programs, children residing in emergency shelters, and adults over the age of 60 or living with a disability and enrolled in day care facilities. In FY2021, 4.8 million individuals participated in CACFP.
  - **Collaborations:** USDA collaborates with states on this program.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Summer Food Service Program (SFSP)** provides free meals to kids and teens in income eligible areas to mitigate food insecurity increases during the summer months when children no longer have access to the NSLP and SBP. In 2019, the SFSP provided more than 141 million nutritious meals and snacks to children during the summer.

- **Summer Electronic Benefits Transfer for Children (Summer EBT)**, initially funded as a demonstration project in 2011, provides low-income families with school-age children temporary nutrition benefits loaded onto an EBT card. Following a similar model, the **Pandemic Electronic Benefit Transfer (P-EBT)** was created in Spring 2020 to supplement school meals eligible children missed while schools were closed or had reduced hours due to the COVID-19 pandemic. P-EBT also provides benefits to younger children in households participating in SNAP whose childcare facility or school is closed or has reduced hours.
- **Collaborations:** USDA collaborates with states to administer SFSP, Summer EBT and P-EBT.
- The **Fresh Fruit and Vegetable Program (FFVP)** provides free fresh fruits and vegetables to children at eligible elementary schools during the school day. Students at schools that participate in FFVP consume approximately one-third of a cup more fruits and vegetables on FFVP days than their peers at schools not participating in FFVP.
  - **Collaborations:** USDA collaborates with states to support the FFVP and carry out its program initiatives.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Emergency Food Assistance Program (TEFAP)** provides emergency food assistance at no cost to income eligible Americans, including elderly people. Through TEFAP, the USDA purchases a variety of nutritious, high-quality, 100% American-grown and -produced foods through the USDA Foods in School program (a program designed to support domestic nutrition programs and American agricultural producers) and makes those foods available to state distributing agencies. In FY2020, Congress appropriated \$317.5 million to purchase food and \$79.63 for administrative support for state and local agencies.
  - **Collaborations:** USDA collaborates with states and local agencies on this program.
- The **Food Distribution Program on Indian Reservation (FDPIR)** provides a variety of nutritious, high-quality, 100% American-grown and -produced foods through the USDA Foods in School program (a program designed to support domestic nutrition programs and American agricultural producers) to income eligible households living on Indian reservations in the U. S., and to American Indian households residing in approved areas near reservations or in Oklahoma. Currently, there are approximately 276 Tribes receiving benefits under FDPIR through 102 Indian Tribal Organizations (ITOs) and 3 state agencies.
  - **Collaborations:** USDA collaborates with ITOs or an agency of state government to administer the program.
- The **Commodity Supplemental Food Program (CSFP)** provides monthly food packages to improve the health of income eligible elderly persons at least 60 years of age. The monthly food package contains a variety of foods with important nutrients for older

adults, aligns with the *Dietary Guidelines for Americans*, and provides foods with reduced amounts of sodium, saturated fat, and added sugars. In FY2018, an average of almost 676,000 people each month participated in the program. The American Rescue Plan Act provided an additional \$37 million for CSFP, allowing FNS to increase the caseload to 760,634 participants.

- **Collaborations:** USDA collaborates with states and ITOs on the program.
- **Other Relevant Pillars:** Pillar 2: Integrate nutrition and health; and Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Community Food Systems - Farm to School Program** helps Child Nutrition Program operators incorporate local foods and agricultural education into the NSLP, SBP, SFSP, and CACFP through grants, training and technical assistance, and research. Since 2013, USDA has awarded nearly \$64 million in Farm to School grants, funding almost 900 projects across all 50 states, DC, USVI, Guam, and Puerto Rico, reaching over 22 million students in more than 54,000 schools.
  - **Collaborations:** USDA is working with Tribal communities, local producers, and state and local agencies to administer Farm to School grants.
- The **Healthy Food Financing Initiative** provides grants and technical assistance to grocery stores and other food enterprises to improve access to fresh, healthy food in underserved areas. USDA has deployed \$4.4 million in grants to 30 projects across the country that have created more than 460 permanent jobs and delivered 182,750 square feet of brick-and-mortar space to sell, store, or distribute food for underserved areas.
  - **Collaborations:** USDA collaborates with HHS, Treasury, state/local governments, and others to administer and maintain this program.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Community Facilities Direct Loan & Grant Program** offers direct loans, loan guarantees and grants to develop or improve essential public services and facilities in communities across rural America, including food banks, non-profit food warehouses, community kitchens, community gardens, and vehicles for delivery of meals to the elderly.
  - **Collaborations:** USDA collaborates with Tribes and others on this program.
- The **Emergency Rural Health Care Grants**, part of the American Rescue Plan, allow public bodies, non-profit organizations, and Tribes to support immediate health care needs, help prepare for a future pandemic event, increase access to quality health care services, and support food assistance through food banks and food distribution facilities.
  - **Collaborations:** USDA collaborates with Tribes and others on this program.
- The **USDA Indigenous Food Sovereignty Initiative** promotes traditional food ways, Indian Country food and agriculture markets, and Indigenous health through foods tailored to American Indian/Alaska Native dietary needs.

- **Collaborations:** USDA is partnering with Tribal-serving organizations on seven projects to reimagine federal food and agriculture programs from an Indigenous perspective and inform future USDA Programs and policies.
- The **USDA Food Safety and Inspection Service** provides guidelines to assist with donations of eligible meat and poultry products to non-profit organizations (FSIS-GD-2020-0016).
- The **U.S. Food Loss and Waste Champions** are businesses and organizations that have made a public commitment to reduce food loss and waste in their own operations in the U. S. by 50% by the year 2030. Champions include leaders from across the food chain. Since 2016, more than 45 corporations have been named as U.S. Food Loss and Waste 2030 Champions.
  - **Collaborations:** USDA and EPA announced the nation’s first-ever food loss and waste reduction goal in September 2015 (50% reduction by 2030).
- The **Local Food Purchase Assistance Cooperative Agreement Program** allows state and Tribal governments to purchase local foods from local producers, focusing on socially disadvantaged producers and targeting distribution to underserved communities. This non-competitive cooperative agreement program will be offered first to state and Tribal governments, then local governments to ensure equal access to the program in all states.
  - **Collaborations:** USDA collaborates with states and Tribes on this program.
- The **Local Food for Schools Cooperative Agreement Program** was established with funding made available through USDA’s Commodity Credit Corporation (CCC) to help states deal with the challenges of supply chain disruptions brought on by the pandemic. Through the LFS program, USDA will award up to \$200 million to states for food assistance purchases of domestic local foods for distribution to schools. This program will strengthen the food system for schools by helping to build a fair, competitive, and resilient local food chain, and expand local and regional markets with an emphasis on purchasing from historically underserved producers and processors.
  - **Collaborations:** USDA collaborates with states on this program.
- The **Specialty Crop Block Grant Program (SCBGP)** supports marketing and increased consumption of fruits and vegetables and other specialty crops, defined as “fruits, vegetables, tree nuts, dried fruits, horticulture, and nursery crops (including floriculture).” USDA’s Agricultural Marketing Service offers SCBGP funding through the agency, commission, or department responsible for agriculture within any of the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, the USVI, and the Commonwealth of the Northern Mariana Islands.
  - **Collaborations:** In 2021, USDA awarded block grants to all 50 states and six territories. These entities used the funds to subaward 666 grants for state and local level projects.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.

- The **Specialty Crop Multi-State Program (SCMP)** offers grants to enhance the competitiveness of specialty crops by funding collaborative, multi-state projects that address the following regional or national level specialty crop issues: food safety and marketing and promotion, among other topics of importance to the industry. These grants can be used to support increased consumption of fruits and vegetables.
  - **Collaborations:** In 2022, USDA awarded 14 projects to eight state partners. These state agencies will work with partners in additional states.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Micro-Grants for Food Security Program (MGFSP)** assists agricultural agencies or departments in eligible states and territories to increase the quantity and quality of locally grown food in food insecure communities through small-scale gardening, herding, and livestock operations by competitively distributing subawards to eligible entities (agricultural agencies, commissions, or departments in Alaska, American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, the Federated States of Micronesia, Guam, Hawaii, the Republic of the Marshall Islands, the Republic of Palau, and the USVI).
  - **Collaboration:** In 2022, USDA awarded grants to two states and three territorial governments.
- USDA’s Agricultural Marketing Service administers the following programs as part of the **Local Agriculture Market Program (LAMP)**:
  - The **Regional Food System Partnerships (RFSP)** program supports partnerships that connect public and private resources to plan and develop local or regional food systems. The program focuses on strengthening the viability and resilience of regional food economies through collaboration and coordination, resulting in healthy food options in communities across the country.
    - **Collaborations:** Since 2020, RFSP has awarded 53 grants in 31 states to partnerships made up of a variety of entities, such as nonprofit organizations, universities, local or state government agencies, producer networks and tribal organizations.
    - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
  - The **Farmers Market Promotion Program (FMPP)** funds projects that develop, coordinate and expand direct producer-to-consumer markets to help increase access to and availability of locally and regionally produced agricultural products by developing, coordinating, expanding, and providing outreach, training, and technical assistance to domestic farmers markets, roadside stands, community-supported agriculture programs, agritourism activities, online sales or other direct producer-to-consumer (including direct producer-to-retail, direct producer-to-restaurant and direct producer-to-institutional marketing) market opportunities.

- **Collaborations:** FMPP recipients work together in collaboration to expand access and build capacity for direct producer-to-consumer markets through community development, training, and technical assistance. Collaborative examples include county governments and regional commissions.
  - The **Local Food Promotion Program (LFPP)** funds projects that develop, coordinate, and expand local and regional food business enterprises that engage as intermediaries in indirect producer to consumer marketing to help increase access to and availability of locally and regionally produced agricultural products. Grants can be used for the planning stages of establishing or expanding a local and regional food business enterprise or to improve or expand a food business that supports locally and regionally produced agricultural products and food system infrastructure by performing feasibility studies, market research, training, and technical assistance for the business enterprise and/or for producers working with the business enterprise.
    - **Collaborations:** LFPP recipients are inherently collaborative as they work to pull gaps as intermediaries in local and regional food systems. They include regional commissions and other non-government organizations.

*U.S. Department of Veterans Affairs (VA)*

- The **Food Insecurity Screening for Veterans** program screens veterans annually for food insecurity and refers those screening positive to a social worker and dietitian. Since July 2017, over 10 million screens have been completed.
  - **Collaborations:** VA collaborates with USDA and the Department of Defense on this program.

*U.S. Department of Defense (DoD)*

- The **Military Nutrition Environment Tool (m-NEAT)** assesses and improves the military food environment at installations by measuring food policy, food availability, behavioral design-choice architecture, food labeling/health messaging, and economics. The tool was developed to help health promotion professionals, commanding officers, and others in the DoD community measure accessibility to healthy food options.
  - **Collaborations:** The DoD Nutritional Committee, Air Force, Navy, and Navy and Marine Corps Public Health Center, are involved in this effort.

*U.S. Department of Labor (DOL)*

- The **Workforce Innovation and Opportunity Act grants** support employment and training programs providing career services and authorizes these programs to also provide supportive services, like referrals for SNAP benefits.
  - **Collaborations:** DOL collaborates with states, Tribal governments, and nonprofits to administer these grants.

*U.S. Department of Treasury (UST)*



- The **Community Development Financial Institutions Fund Healthy Food Financing Initiative – Financial Assistance Program (HFFI-FA)** expands access to healthy foods in income eligible communities. HFFI-FA awards can be used to make loans and investments and to provide development services that promote and increase access to healthy food options in low-income communities. As of FY2021, the CDFI Fund has awarded 120 HFFI-FA awards totaling more than \$223.3 million.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Coronavirus State and Local Fiscal Recovery Funds (SLFRF)** program helps states, local, Tribal, and territorial governments recover from the COVID-19 public health emergency and facilitate an equitable economic recovery, including food assistance and programs to increase food security. Through December 31, 2021, SLFRF recipients have obligated over \$550 million to more than 200 projects focused on food insecurity.
  - **Collaborations:** UST provides SLFRF funding to state, local, Tribal, and territorial governments in the U.S.
- The **Increase in Limits on Contributions of Food Inventory** added by the CARES Act of 2020 and extended by the Consolidated Appropriations Act of 2021 allowed businesses that donated wholesome food to charitable organizations during 2020 or 2021 to take into account amounts donated worth up to 25% of the business’ net income for the year as a charitable contribution tax deduction. Historically, businesses were only allowed to take into account amounts donated worth up to 15% of the business’ net income for the year.

*U.S. Department of Education (ED)*

- Expanded designations under the Consolidated Appropriations Act of 2021 allow **use of Federal Application for Student Aid (FAFSA) data to determine eligibility and administer federal programs to students**, including SNAP. To streamline the SNAP application process for students, institutions of higher education (IHEs) may use FAFSA data to verify that students meet these requirements directly with the state SNAP agency.
- The **Higher Education Emergency Relief Fund (HEERF)** provides institutions with grants for food insecurity programs, like food pantries, universal meal programs, and meal swipe sharing to ensure students are not experiencing food scarcity because of the COVID-19 pandemic.
- In a variety of **technical assistance and guidance documents**, the Department of Education has amplified the availability of COVID-19 federal relief funds for use to support school meals, nutrition programs and nutrition staff.

*Federal Emergency Management Administration (FEMA)*

- The **Emergency Food and Shelter Program (EFSP)** provides funding to approximately 9,000 agencies nationwide to provide shelter, food, and supportive services to individuals, families, and households who are experiencing or at risk of hunger and/or

homelessness. Since 2019, EFSP has also focused on assisting non-governmental organizations and local governments who provide essential humanitarian assistance to migrants at the Southwest Border.

*U.S. Department of Housing and Urban Development (HUD)*

- The **Community Development Block Grants and Community Development Block Grant – Coronavirus (CDBG-CV)** allows states, cities, and counties to develop viable urban communities, including grant/loan funding to encourage new grocery stores and other healthy food retail development in local food deserts in predominantly low- and moderate-income communities. CDBG and CDBG-CV can also be used to support food banks. In FY 2021, over \$37 million in CDBG funds and over \$55 million in CDBG-CV funds were used to support food banks, making food available to over 2 million people.
  - **Collaborations:** HUD collaborates with nearly every state or local government to administer CDBG funds.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Section 108 Loan Guarantee Program** helps communities with limited resources make upfront investments to improve a neighborhood, like using funds to encourage new grocery stores and other healthy food retail development in local ‘food deserts’ in predominantly low- and moderate-income communities.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Emergency Solutions Grants (ESG) and Emergency Solutions Grants CARES Act (CV)** provides funding to support individuals experiencing homelessness and shelters, including life skills training on budgeting, food shopping, and nutrition; shelter operations and food for occupants; and street outreach services like providing food to people who are experiencing homeless and unsheltered.
  - **Collaborations:** HUD collaborates with state and local governments on this program.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Continuum of Care Program (CoC)** promote community-wide commitments to the goal of ending homelessness, including supportive services for individuals experiencing homelessness like case management and the provision of food.
- The **Housing Opportunities for Persons with AIDS (HOPWA) and Housing Opportunities for Persons with AIDS CARES Act (HOPWA CV)** programs provide housing assistance and related supportive services, like meals and enrollment in food assistance programs, for low-income persons living with HIV/AIDS and their families.
  - **Collaborations:** HUD collaborates with CDC and HRSA on this program.

- The **Resident Opportunity and Self-Sufficiency Service Coordinator Program** (ROSS-SC) helps residents of Public Housing and Indian Housing make progress towards economic and housing self-sufficiency through programs such as food and meal delivery and healthy cooking courses. Since 2017, ROSS-SCs have served over 65,000 public housing residents.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Choice Neighborhoods program** provides grants to cities and public housing authorities to redevelop distressed HUD-assisted housing projects, provide resident supportive services, and the surrounding neighborhood. Residents receive individual case management to identify service needs, including healthcare and nutrition. Assistance may include nutrition related training/counseling; transportation to fresh food markets; medical testing for nutrition related indicators; provision of food baskets from local gardens; or help with completing forms necessary for SNAP. Choice Neighborhoods funds are often used to address food insecurity and include community gardens, food incubators, grocery stores, and farmers markets. To date, 40 Choice Neighborhoods Implementation Grants have been funded and over \$1 billion of funds has been awarded.
  - **Collaborations:** HUD collaborates with ED, Labor, Transportation, HHS, USDA, Department of Commerce, the Attorney General, the EPA to administer the program.
  - **Other Relevant Pillars:** Pillar 2: Integrate nutrition and health; and Pillar 3: Empower all consumers to make healthy choices.
- The **HUD and USDA Field Initiatives to Support Food Access for HUD-Assisted Residents and Food Assistance Delivery at HUD Multifamily Properties** helps residents of HUD-assisted properties obtain food as well as to provide physical spaces for USDA's food assistance programs.
  - **Collaborations:** HUD collaborates with USDA on this work.

*U.S. Department of Transportation (DOT)*

- The Bipartisan Infrastructure Law (BIL) established the new **Reconnecting Communities Pilot** discretionary grant program, funded with \$1 billion over the next 5 years. The program's funds can support planning, capital construction, and technical assistance to restore community connectivity equitably and safely through the removal, retrofit, mitigation, or replacement of eligible transportation infrastructure facilities that create barriers to mobility, access, or economic development.
  - **Collaborations:** DOT collaborates with states, units of local government, Tribal governments, metropolitan planning organizations, and nonprofit organizations.

*U.S. Department of Interior (DOI)*

*Bureau of Indian Affairs (BIA)*

- The **Tiwahe Initiative** is a five-year demonstration project supporting Tribes to improve the health and well-being of families in Tribal communities and can include nutrition and food security programs. Six pilot Tribal sites were chosen for demonstration projects, representing a total of 61 Tribes and Alaska Native villages.
  - **Collaborations:** DOI collaborates with HUD and IHS on this program.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Tribal Climate Adaptation Grants program** provides competitive awards to support climate resilience planning that helps sustain Tribal ecosystems, natural and cultural resources, economies, infrastructure, human health, food sovereignty, and safety. In 2021, BIA's Tribal Climate Resistance Program awarded \$13.84 million through 135 awards supporting 79 Tribes and 13 Tribal organizations.
  - **Collaborations:** DOI partners with Tribal governments and other federal agencies as needed on this program.
- The **Helping Expedite and Advance Responsible Tribal Home Ownership Act of 2012 (HEARTH Act) program** authorizes Tribes to execute leases for agriculture, business, wind and solar, residential, recreational, religious, and educational purposes, encouraging investment and economic development in areas such as food sovereignty. The BIA has approved 89 HEARTH Act leases since 2013.
  - **Collaborations:** DOI and Tribes may partner with federal agencies such as USDA and HUD on specific projects.
- The **Agriculture and Range program** assists Tribes in developing conservation and management plans to protect and preserve their natural resources. The program provides support for Tribal agricultural programs and the local food system, covering more than 46 million acres of Indian land used for farming and grazing by livestock and game animals.
  - **Collaborations:** DOI collaborates with USDA on this program. DOI and Tribes may partner with federal agencies such as EPA and USDA on specific projects.
- The **Fisheries, Wildlife, and Recreation branch programs** provides funding to Tribes for protection and restoration of fisheries, wildlife, outdoor recreation, public use management, conservation enforcement, and related fields. This program provides fish-producing Tribes support for associated hatching, rearing, and stocking programs, thereby supporting economic development and food sovereignty.
  - **Collaborations:** DOI and Tribes may partner with federal agencies such as EPA and USDA on specific projects.

*Northern Border Regional Commission (NBRC)*

- The **State Economic & Infrastructure Development (SEID) grant program** funds economic development projects in the region, including improving basic health care and other public services, like food availability and security.

- **Collaborations:** NBRC collaborates with states in the region to select grantees and support grant-funded programs in their states.

#### *Delta Regional Authority (DRA)*

- The States' Economic Development Assistance Program funds strategic investments into the physical digital, and workforce assets in the DRA region to improve regional economic development opportunities. Recently funded programs include the **Acadiana Regional Seafood Hub**, which will create a facility that supports the domestic seafood industry along coastal Louisiana and the food producers of the Acadiana region of south Louisiana. In Mississippi, a DRA investment supports the **Drew-Mississippi Delta Online Grocery Delivery Program**, which gives communities in a food desert a way to access fresh, healthy foods for their families. The facility also provides an area for health and wellness checks/education.
  - **Other Relevant Pillars:** Pillar 2: integrate nutrition and health; and Pillar 3: Empower all consumers to make and have access to healthy choices.

#### *Appalachian Regional Commission (ARC)*

- The **Partnerships for Opportunity and Workforce and Economic Revitalizations (POWER) Grant Program** and **Area Development Grant Program** provides funds to support economic development in the region, including the development of local and regional food systems. Since 2015, ARC has invested in 393 projects touching 358 counties and created or retained more than 36,600 jobs.
  - **Collaborations:** ARC collaborates with ARC state program offices to select grantees and administer these programs.

#### *Denali Regional Commission*

- The **Denali Access System Program** funds planning, design, engineering, and construction of road and other surface transportation infrastructure. The Denali Access Program Advisory Committee was established to advise the Commission on surface transportation needs of Alaska Native villages and rural communities, including projects for the construction of essential access routes within remote Alaska Native villages and rural communities and for the construction of roads and facilities necessary to connect isolated rural communities to a road system.
- The **Energy Program** helps provide cheaper, more reliable energy in remote communities. Most of the funding is provided to the Alaska Village Electric Co-op and the Alaska Energy Authority to fund projects based on a priority list developed by those entities. Some funding was provided this year in a competitive award process. Cheaper energy makes it easier for people to keep healthy food edible for longer.

#### *AmeriCorps*

- **AmeriCorps National Civilian Community Corps (NCCC)** is a team-based residential program for 18-26-year-olds that engages members in energy conservation, environmental stewardship, infrastructure improvement, natural and other disasters, and urban and rural development. NCCC teams assist a variety of organizations, such as food

banks, food pantries, and nonprofits to serve meals, support food inventory and distribution logistics, support food access during natural disasters, as well as harvest food and tend local community gardens.

- **Collaborations:** AmeriCorps NCCC and FEMA partnered to create FEMA Corps to help communities prepare for and respond to disasters. AmeriCorps NCCC teams also support nonprofits, community-based organizations, and public agencies (i.e., National Parks Service) as well as state, city, and Tribal governments.
- **AmeriCorps State & National** provides financial resources to approximately 50 programs that address hunger or food insecurity through activities such as creating and maintaining school and community gardens, providing nutrition education, supporting individuals in gaining access to benefits, and distributing food in communities.
- **AmeriCorps Seniors** is open to individuals 55 and older and connects them with a variety of service opportunities. AmeriCorps Seniors provides financial resources to approximately 288 projects that engage over 20,000 volunteers in activities that address food insecurity, through its RSVP, Foster Grandparent, and Senior Companion programs. Senior volunteers have participated in activities to promote SNAP benefits and to enroll older adults in SNAP. Recently, many projects have focused on providing home-delivered meals to disabled and homebound individuals, not only reducing food insecurity but also the isolation and loneliness they experience.

## Pillar 2: Integrate nutrition and health

### *U.S. Department of Health and Human Services (HHS)*

#### *Administration for Community Living (ACL)*

- **Innovation in Nutrition Services and Programs discretionary grants** enhance the quality and effectiveness of proven outcomes of nutrition services within the aging services network.

#### *Centers for Medicare and Medicaid Services (CMS)*

- The **Medicare Diabetes Prevention Program Expanded Model** is a structured intervention with the goal of preventing type 2 diabetes in individuals with an indication of prediabetes. The clinical intervention consists of a minimum of 16 intensive “core” sessions of a CDC approved curriculum furnished over six months in a group-based, classroom-style and monthly follow-up meetings to help ensure that the participants maintain healthy behaviors. The primary goal of the expanded model is at least 5% weight loss by participants. Similarly, many states cover the National Diabetes Prevention Program for Medicaid beneficiaries which utilizes the same CDC curriculum but offers some additional flexibilities.
  - **Collaboration:** CMS collaborates with CDC on approved curriculum.
- The **CMS Innovation Center’s Integrated Care for Kids (InCK) Model** is a child-centered local service delivery and state payment model that aims to reduce expenditures

and improve the quality of care for children under 21 years of age covered by Medicaid through prevention, early identification, and treatment of behavioral and physical health needs, in addition to health-related social needs such as food insecurity. Food insecurity is identified through screening or data-driven needs assessments.

- **The Accountable Health Communities Model** from the CMS Innovation Center addressed a critical gap between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screening, referral, and community navigation services will impact health care costs and reduce health care utilization. The five-year model concluded in April 2022, but many awardees are still conducting activities through no-cost extensions for up to one year. Food insecurity was one of five core domains covered by the screener, which was universally administered to Medicare and Medicaid beneficiaries at clinical delivery sites in participating communities.
- **Coordination and data sharing between Medicaid, the Children's Health Insurance Program (CHIP), SNAP and WIC** encourage states to bolster technology infrastructure to ensure equitable service delivery, such as by strengthening the coordination and data sharing between Medicaid, CHIP, SNAP, and WIC.
  - **Collaborations:** CMS is collaborating with USDA.

*Health Resources and Services Administration (HRSA)*

- The **MCH Nutrition Training Program** promotes public health nutrition for children, adolescents, women, and families by providing graduate training to nutritionists and registered dietitians. In addition, short-term training focused on clinical and public health approaches to maternal and child nutrition is provided to professionals from a variety of fields.
  - **Collaborations:** Grantees collaborate with state, local, and tribal governments.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **Children's Healthy Weight State Capacity Building Program** is developing three state models in maternal and child health nutrition integration, within the Title V MCH Services Block Grant Program, which can then be implemented and replicated in states nationwide.
  - **Collaborations:** The three participating states are North Dakota, Oregon, and Wisconsin.
- The **Title V MCH Services Block Grant Program** creates federal/state partnerships that enable each state/jurisdiction to address the unique health services' needs, including nutrition, physical activity, and food insecurity of its mothers, infants, and children, which includes children with special health care needs and their families. In 2019, Title V services reached nearly 60 million pregnant women and children, representing 93% of all pregnant women, 98% of infants, and 60% of children, including 50% of children with special health care needs.

- **Collaborations:** HRSA collaborates with health departments in all 50 states and jurisdictions.
- **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy food choices; and Pillar 4: Support physical activity for all.
- The **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program** supports pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. Families partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being, including nutrition.
  - **Collaborations:** In partnership with ACF, HRSA/Maternal and Child Health Bureau funds states, territories, and Tribal entities to develop and implement home visiting programs. In partnership with USDA, the WIC program is an important referral source for MIECHV programs and vice versa. In collaboration with NIH on the Early Intervention to Promote Cardiovascular Health of Mothers and Children (ENRICH) initiative, HRSA/Maternal and Child Health Bureau will provide guidance and support to the recently awarded clinical research sites that are testing whether a cardiovascular health (CVH) module delivered within the context of a home visiting program can enhance maternal and early childhood CVH.
- **Healthy Start** is an investment in communities with high infant mortality rates that improves access to health care services, services that increase access to health care and improve health outcomes (e.g., screening and referrals to WIC), public health services (e.g., health education on breastfeeding and nutrition), and provider training.
- The **Health Center Program** supports community-based and patient-directed health centers that deliver affordable, accessible, quality, and cost-effective primary health care services, including nutritional counseling and linkages to organizations that support patients' food-insecurity needs, to patients regardless of their ability to pay. There are nearly 1,400 health centers operating approximately 14,000 service delivery sites that provide primary health care to nearly 29 million people – 1 in 11 nationwide – in every U.S. state, the District of Columbia, Puerto Rico, the USVI, and the Pacific Basin.
  - **Collaborations:** Health centers collaborate with local and state health departments and other non-government organizations. Over 175 health centers are co-located with WIC Programs.
  - **Other Relevant Pillars:** Pillar 1: Improve food access and affordability.
- The **Delta States Rural Development Network Program** addresses the high burden of chronic diseases in the 8 Mississippi Delta States and funds projects to improve knowledge and understanding, attitudes of consumers, behaviors of consumers, clinical biometrics (e.g., BMI, weight, A1C, blood pressure), policies and procedures, and systems (i.e., improved coordination among health and social service agencies).



#### *Substance Abuse and Mental Health Services (SAMHSA)*

- The **Food and Mood** program promotes emotional wellness and reduces the impact of mental health and substance use issues within the K-12 population by identifying and implementing strategies that address the intersection between behavioral health and food/food insecurity/cultural food diversity/school gardens.
  - **Collaborations:** SAMHSA collaborates with USDA Food and Nutrition Service, Mountain Plains Regional Office, and OASH Office of Regional Health Operations Region 8.

#### *Indian Health Service (IHS)*

- The **Special Diabetes Program for Indians (SDPI)** grant program provides funding for diabetes treatment and prevention to approximately 301 Indian Health Service (IHS), Tribal, and Urban (I/T/U) Indian health grant programs in 35 states.
  - **Collaborations:** IHS collaborates with Tribes, Tribal organizations/nations and Urban Indian organizations on this program.
- The **IHS Healthy Lifestyles in Youth (HLY) Program** provides funds for obesity prevention activities at Native Boys & Girls Clubs, including the **Together Raising Awareness for Indian Life (TRAIL) Program**. TRAIL is a comprehensive curriculum, which includes physical, educational, and nutritional activities to promote healthy lifestyles for AI/AN youth. The program has served over 22,144 AI/AN youth since 2003 and is currently offered at 98 Native Boys and Girls Clubs sites in 19 states.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **IHS Division of Diabetes Treatment and Prevention (DDTP) Training and Resource Program** provides educational materials, resources, and trainings for providers, patients, and community members on nutrition, physical activity, weight management, immunizations/ screening, and tobacco use. The material is culturally relevant, free to access/order, and easy-to-use.
  - **Collaborations:** IHS works in collaboration and partnership with Tribal nations, federal agencies, and other non-government organizations.
- **IHS Social Determinants of Health Initiative** addresses social determinants of health (SDOH) in American Indian and Alaska Native communities and aligns efforts across the agency, including around food access and security. Part of this initiative includes the **IHS Coding and Electronic Health Record (EHR) project** to capture SDOH data elements.
  - **Other Relevant Pillars:** Pillar 1: improve food access and affordability.

#### *National Institutes of Health (NIH)*

- The **NIH Pathways to Prevention (P2P) Program: Nutrition as Prevention for Improve Cancer Health Outcomes** identifies research gaps and examines the scientific evidence on how nutritional screening and interventions affect cancer health outcomes to inform future research and potential development of cancer-associated malnutrition

screening, guidelines, nutritional support therapies, and services for preventive care. The NIH P2P workshop program is hosted by the Office of Disease Prevention (ODP) to identify research gaps in a scientific area of broad public health importance using an unbiased, evidence-based process.

- **Collaborations:** NIH collaborates with partners from various NIH Institutes, Centers, and Offices as well as other federal agencies to cosponsor the workshops, including AHRQ, CDC, HRSA.
- **The Food as Medicine: Food Insecurity and HIV-related Comorbidities, Coinfections, and Complications** program is addressing how food insecurity affects HIV comorbidities, coinfections, and complications within the mission of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Current studies in response to this funding opportunity announcement are being supported by the NIDDK and the National Institute of Nursing Research (NINR).

*Office of the Assistant Secretary for Health (OASH)*

- **The Partnership with Crossroads Community Services** is an HHS Region 6 program in Dallas County that connects a food distribution organization, called Crossroads, with a local charitable pharmacy that provides free medication and health education for those in need. Recently, the pharmacy reached over 100 of Crossroads' food pantry clients.

*Centers for Disease Control and Prevention (CDC)*

- **The State Partnerships Improving Nutrition and Equity (SPINE) program** promotes equitable and sustainable food and nutrition security through actions that address economic and social conditions across the lifespan including breastfeeding continuity of care.
  - **Collaborations:** CDC collaborates with 9 state Health Departments on this program.
  - **Other Relevant Pillars:** Pillar 1: Improve food access and affordability; and Pillar 3: Empower all consumers to make and have access to healthy choices.
- **The Diabetes Prevention Program (DPP) lifestyle change program** is a year-long structured program that teaches participants how to make lasting lifestyle changes such as eating healthier (i.e., increasing fruits and vegetables, decreasing unhealthy fats, increasing water intake), adding physical activity into their daily routine, and improving coping skills.
  - **Collaborations:** CDC collaborates with CMS, federal, state, and local governments, Tribes, and other non-government organizations.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.

*U.S. Department of Agriculture (USDA)*

*National Institute of Food and Agriculture (NIFA)*

- **The Gus Schumacher Nutrition Incentive Program** provides point-of-purchase incentives to income eligible consumers participating in SNAP and NAP to evaluate the

incentive's impact on increased fruit and vegetable purchase. The **Produce Prescription Program** evaluates impact of fresh fruit and vegetable prescriptions to increase procurement and consumption of fruits and vegetables, reduce individual and household food insecurity, and reduce health care usage and associated costs. In the second year of GusNIP participants redeemed more than \$20 million in nutrition incentives. GusNIP participants also reported increased fruit and vegetable intake and improvements in food security.

- **Collaborations:** NIFA collaborates with FNS and other federal partners including CDC and VA along with an extensive external stakeholder community not limited to its grantees.
- **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.

#### *U.S. Department of Veterans Affairs (VA)*

- **Nutrition and Food Services (NFS)** provides clinical nutrition services by Registered Dietitian Nutritionists for veterans receiving care. These services include nutrition screening, education, clinical intervention, counseling, and medical nutrition therapy. The **NFS Healthy Teaching Kitchen (HTKs) Program** teaches veterans about food, nutrition, and how to prepare and store balanced, healthy dishes. Many HTKs also include disease-specific options, such as carbohydrate-controlled cooking for diabetes, support for heart health, and anti-inflammatory cooking.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.
- The **MOVE! Weight Management Program** is a clinical intervention program designed to reduce obesity and risk of chronic obesity-associated conditions in veterans receiving care in the Veterans Health Administration (VHA).
- The **Telephone Lifestyle Coaching** program connects veterans receiving care in the VHA with a health coach about personal health and self-care behaviors. Veterans receive education and support for goal setting and action planning to improve their health and well-being, including on managing weight, being more active, managing stress, eating wisely, and limiting alcohol.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices; and Pillar 4: Support physical activity for all.
- **Whole Health** is VA's cutting-edge approach to care that supports health and well-being for veterans receiving care in the VHA that helps the individual develop a personalized health plan based on their values, needs, and goals.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- The **VA/DoD Clinical Practice Guidelines** are an interagency collaboration to improve care by reducing variation in practice and systematizing "best practices." Multiple guidelines include nutrition guidance or cover nutrition-related disease, such as chronic kidney disease, diabetes, dyslipidemia, hypertension, and obesity and overweight.

- **Collaborations:** VA collaborates with DoD on these guidelines.
- The **Virtual Medical Center** is a continuously available virtual environment accessible to providers, veteran patients, and their family members for diabetes self-management and cardiovascular disease prevention.

*U.S. Department of Defense (DoD)*

- **Military OneSource** is a free, DoD-wide effort, 24/7/365 call center and website available to service members and immediate family to assist with managing goals and staying on course for weight management, fitness, nutrition, health condition management, life transitions, and stress.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices; and Pillar 4: Support physical activity for all.

*U.S. Department of Justice (DOJ)*

- Through **Defensive Civil Litigation**, the Civil Division of the DOJ defends federal executive agencies against lawsuits in federal court challenging their ability to issue rules and enact programs that relate to public health and food security. Such lawsuits include challenges to the *Dietary Guidelines for Americans*, the National Bioengineered Food Disclosure Law, and USDA’s inspection practices.
  - **Collaborations:** DOJ collaborates with USDA and HHS on issues related to public health and food security.
- Since 2008, the Bureau of Prisons (BOP) has used a **National Menu**, approved by BOP Executive Staff, to be served agency-wide for standardization of food service operations. The National Menu, which includes an approved menu, standardized recipes, and product specifications, is used for food procurement, preparation, and meal service at all BOP institutions.

*Office of Personnel Management (OPM)*

- **Obesity prevention and management** is an emphasis of the Federal Employees Health Benefits (FEHB) program. OPM contracts with health insurance carriers to offer comprehensive coverage for approximately 8.2 million federal employees, retirees, and their families through the FEHB program. Obesity management recommendations have encompassed support for wellness and weight management programs such as Weight Watchers™, nutrition education, bariatric surgery, and anti-obesity medications. As described in [Carrier Letter 2016-04](#), OPM expects all Federal Employee Health Benefits plans to sponsor programs that promote healthy lifestyles and help members modify health risks. These include health risk assessments; biometric screenings; health coaching; programs directed at diabetes prevention, obesity management, and reduction of cardiovascular risk; access to tobacco cessation medications and counselling; and, blood pressure control programs. OPM also encourages FEHB plans to offer incentives to promote participation in screening activities and reinforce the adoption of healthy behaviors.

### Pillar 3: Empower all consumers to make and have access to healthy choices

#### *U.S. Department of Health and Human Services (HHS)*

##### *Administration for Community Living (ACL)*

- The **Older Americans Act Evidence-Based Health Promotion mandatory and discretionary grant programs** supports evidence-based programs to improve health and well-being, reduce disease and injury, and implement Chronic Disease Self-Management Education (CDSME) and Falls Prevention programs for older adults and adults with disabilities, particularly those in underserved geographic areas.

##### *Centers for Disease Control and Prevention (CDC)*

- The **Racial and Ethnic Approaches to Community Health (REACH) grant program** reduces health disparities among racial and ethnic populations with the highest burden of chronic disease by increasing options for healthy nutrition across the lifespan; promoting community planning and transportation plans; and connecting clinics to community programs. Over 2.9 million people have better access to healthy foods and beverages, and about 1.4 million people have more opportunities to be physically active because of REACH.
  - **Collaborations:** CDC collaborates with state and local health departments, Tribes, and other non-government organizations.
  - **Other Relevant Pillars:** Pillar 1: Improve food access and affordability; Pillar 2: Integrate nutrition and health; and Pillar 4: Support physical activity for all.
- CDC funds land grant universities through the **High Obesity Program (HOP)** to work with community extension services that increase access to healthier foods and safe places for physical activity, including activities that reduce or eliminate health disparities related to nutrition, physical activity, and obesity. So far, 68,187 people have been impacted by healthy nutrition standards implemented in community settings, and 271,042 people have been impacted by new or enhanced places providing increased access to healthier foods.
  - **Collaborations:** CDC partners with USDA on this program.
  - **Other Relevant Pillars:** Pillar 1: Improve food access and affordability; Pillar 2: Integrate nutrition and health; and Pillar 4: Support physical activity for all.
- The **Healthy Kids, Healthy Future Technical Assistance Program (TAPS)** funds 10 states to improve and expand nutrition and physical activity through existing states ECE systems based on the CDC's ECE Spectrum of Opportunities and, where appropriate, at the ECE facility level. In 2020, the program's total reach was 2,246 childcare programs that serve more than 70,000 young children in 2020.
  - **Collaborations:** CDC collaborates with state health departments on this program.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- The **Childhood Obesity Research Demonstration (CORD) 3.0** projects focus on adapting, testing, and packaging effective family healthy weight programs that improve nutrition, physical activity, and quality of life, and reduce excess weight among children

from low-income families. This effort aims to support translation and implementation of 5 sustainable and cost-effective programs into user-friendly, packaged materials that health care, community or public health organizations can use in real-world settings.

- **Collaborations:** CDC collaborates with Medicaid/CHIP (CMCS) on this program.

**Other Relevant Pillars:** Pillar 2: Integrating nutrition and health.

- **Food Service Guidelines for Federal Facilities** are CDC standards for healthier food and beverages and food service operations in worksite and community settings that aim to contribute to health and wellness, strengthen local food systems, increase energy efficiency, change social norms, and/or reduce environmental impact.
  - **Collaborations:** CDC collaborated with HHS agencies, GSA, USDA, Department of Commerce, DoD, ED; EPA; DOI; and VA to develop the Food Service Guidelines.

#### *Food and Drug Administration (FDA)*

- FDA's final guidance for **sodium reduction**, issued in 2021, establishes voluntary 2.5-year targets for processed, packaged, and prepared foods, including restaurant foods, to support reducing Americans' average daily sodium intake by about 12%—from approximately 3,400 milligrams (mg) to 3,000 mg. Reducing sodium intake has the potential to prevent hundreds of thousands of premature deaths and illnesses in the coming years.
  - **Collaborations:** FDA collaborated with other HHS agencies and USDA agencies on development of the guidance.
- The **FDA/EPA fish advice** helps those who might become pregnant, are pregnant or breastfeeding, and parents and caregivers who are feeding children make informed choices about fish that are nutritious, and lower in mercury and safe to eat.
  - **Collaboration:** FDA collaborated with EPA on development of the advice.
- FDA reviews premarket detailed information on the safety and nutritional adequacy of a new **infant formula** before a manufacturer introduces new infant formulas in interstate commerce.
- FDA regulates the use of certain **claims** that can be used on food labels, including health claims, qualified health claims, nutrient content claims and structure/function claims. Claims act as quick signals on food packages to help consumers better understand nutrition information and select foods that are part of healthy eating patterns.
  - **Collaborations:** FDA collaborates with USDA on this work.
- FDA's actions to remove **Artificial Trans Fat / Partially Hydrogenated Oils (PHOs)** from processed foods and from the U.S food supply have led to an estimated \$200-\$350 billion annual benefit due to avoided heart attacks, including 30,000-35,000 avoided deaths and 40,000-50,000 avoided non-fatal heart attacks.
  - **Collaborations:** FDA collaborates with USDA on this work.

- The **Nutrition Facts Label** reflects scientific information, including a declaration of added sugars, making it easier for consumers to make informed food choices. For certain products that are larger than a single serving but that could be consumed in one sitting or multiple sittings, manufacturers have to provide "dual column" labels to indicate the amount of calories and nutrients on both a "per serving" and "per package"/"per unit" basis.
  - **Collaborations:** FDA has collaborated with USDA and other HHS agencies on this work.
- **Menu and Vending Machine Labeling** requirements require calorie information be listed on menus and menu boards in certain chain restaurants and similar retail food establishments and vending machines. Chains subject to menu labeling are also required to have additional written nutrition information available upon request. Studies have consistently shown that calorie (menu) labeling results in a reduction in 30-50 calories consumed per eating occasion which over a year could translate to avoiding weight gain of ~3-5 pounds.
  - **Collaborations:** FDA has developed educational materials on menu labeling that are amplified by other HHS agencies, USDA, and other federal agencies.

*Office of the Assistant Secretary for Health (OASH)*

- **Health Equity in Breastfeeding** is a regional project to 1) raise awareness of disparities and promote health equity in breastfeeding for racial and ethnic minorities, 2) elevate successful breastfeeding promotion best practices that are being applied in racial and ethnic minority communities to increase both initiation and duration of breastfeeding, and 3) develop new partnerships that support maternal and child health in racial and ethnic minority communities.
  - **Collaborations:** HHS partners with USDA on this program.
- HHS and USDA co-lead the *Dietary Guidelines for Americans* (Dietary Guidelines) which provides advice on what to eat and drink to meet nutrient needs, promote health, and prevent disease, and is updated every 5 years. The Dietary Guidelines are used by health professionals, policy makers, and many other professionals to form the basis of federal nutrition policy and programs, support nutrition education efforts, guide local, state, and national health promotion and disease prevention initiatives, and inform various organizations and industries.
  - **Collaborations:** HHS and USDA collaborate with many other federal agencies, including the USAID, DoD, VA and several USDA and HHS offices on the Guidelines.

*U.S. Department of Agriculture (USDA)*

- **SNAP-Education (SNAP-Ed)** teaches people how to make their SNAP dollars stretch, how to shop for and cook healthy meals, and how to stay physically active. SNAP-Ed partners with state and local organizations on initiatives including nutrition education classes, social marketing campaigns, and efforts to improve policies, systems, and the environment of communities.

- **Collaborations:** SNAP-Ed’s multisector partnerships have a meaningful impact on local food policies and systems.
- **Other Relevant Pillars:** Pillar 4: Supporting physical activity for all.
- **MyPlate** is a graphic used in nutrition education to translate the latest edition of the Dietary Guidelines into consumer-friendly recommendations. Additional MyPlate resources include the **MyPlate App**, which helps consumers to pick simple daily food goals, see real-time progress, and earn badges. MyPlate also provides science-based food and nutrition tips via the **MyPlate Alexa skill** and has a collection of classroom materials for elementary school teachers to integrate nutrition education into math, science, English language arts, and health through **Serving Up MyPlate**.
  - **Collaborations:** MyPlate has extensive partnerships at the federal, state, local and Tribal levels to promote MyPlate and the Dietary Guidelines.
- **Team Nutrition** supports USDA’s Child Nutrition Programs (NSLP, SBP, SFSP, and CACFP) through training and technical assistance for foodservice, nutrition education for children and their caregivers, and school and community support for healthy eating and physical activity. In FY2022, Team Nutrition Training Grants awarded more than \$7 million in two-year grants that support states in preparing and strengthening the school nutrition workforce to provide appealing and nutritious school meals in support of updated nutrition standards.
  - **Other Relevant Pillars:** Pillar 4: Supporting physical activity for all.

*U.S. Department of Defense (DoD)*

- The **Go-for-Green Program (G4G)** is a joint effort of the DoD Nutrition Committee, Air Force, Army, Navy, and Navy & Marine Corps Public Health Center (NMCPHC) to provide a recognition labeling system in dining halls and cafeterias for quick assessment of the impact food products can have on a service member’s performance. Labeling includes green (eat often); amber (eat occasionally); and red (eat rarely). The program also uses choice architecture to encourage healthier choices, like placing “green” foods and drinks first in the serving line.

*U.S. Department of Labor (DOL)*

- The **Job Corps’ Healthy Eating and Active Lifestyles (HEALS) Program** is a comprehensive health promotion program and policy that integrates education promoting health and physical wellbeing, access to healthy foods and physical fitness activities, and counseling to achieve a healthy lifestyle. Prior to COVID-19, Job Corps served over 35,000 students from disadvantaged backgrounds each year.
  - **Collaborations:** DOL collaborates with USDA’s Forest Service on this program, which manages 24 Job Corps centers.

*Federal Trade Commission (FTC)*

- The **Division of Consumer and Business Education (DCBE)** in the Bureau of Consumer Protection creates plain language, accessible information online, in print, and on video to protect consumers, including content on avoiding health scams (such as



unsupported health claims for dietary supplements and weight loss scams), thinking critically about online reviews, and protecting Americans from imposter and health care scams.

- **Collaborations:** FTC amplifies its reach through collaboration with state and local governments.

#### *U.S. Department of Commerce (DOC)*

##### *National Oceanic Atmospheric Administration (NOAA) Fisheries*

- NOAA Fisheries is developing a **National Strategy for Seafood Sector Resilience and Competitiveness** to support the U.S.'s sustainable seafood sector. The U.S.'s seafood sector supports over 1.2 million jobs and harvests over 9 billion pounds of nutritious seafood. The strategy describes actions to ensure affordable, accessible, sustainably produced seafood via increasing the diversity of products available to consumers.
  - **Collaborations:** NOAA Fisheries collaborates with the Economic Development Administration (EDA), the Minority Business Development Agency (MBDA), USDA, FDA, USTA, and the National Ocean Service on the strategy.
- The **National Aquaculture Development Plan (NADP)** is currently being updated and will combine three thematic strategic plans addressing general concerns related to aquaculture. The National Aquaculture Act of 1980 required federal agencies to develop a NADP, and in August 2021 it was determined that the plan needed updating. Aquaculture is one of the few ways to substantially increase domestic seafood production. This plan will contribute to food security overall, by facilitating the production of a sustainable source of nutritious protein.
  - **Collaborations:** DOC (NOAA, SBA, MBDA, EDA) is collaborating with the USDA, the Office of Science and Technology Policy, DOI, Department of Energy, EPA, Army Corps, FDA, State Department, and the Office of Management and Budget on the updated plan.

#### *U.S. Environmental Protection Agency (EPA)*

- **Local Foods, Local Places (LFLP)** helps cities and towns across the country protect the environment and human health by engaging with local partners to reinvest in struggling downtowns and existing neighborhoods as they develop local food systems. LFLP supports locally led, community-driven efforts to protect air and water quality, address contaminated and vacant sites, preserve open space and farmland, boost economic opportunities for local farmers and businesses, improve access to healthy local food, and promote environmental education and childhood wellness.
  - **Collaborations:** EPA and USDA both sponsor Local Foods, Local Places.

#### *Office of Personnel Management (OPM)*

- OPM is committed to helping federal agencies integrate **workplace health programs and policies**. Worksite health and wellness interventions include, but are not limited to, health education, nutrition services, lactation support, physical activity promotion, screenings, vaccinations, traditional occupational health and safety, disease management,

and linkages to related employee service. Work-life programs are funded from agency appropriations and are not funded or managed by OPM. OPM uses its convening authority to encourage best practice and coordination.

### *AmeriCorps*

- AmeriCorps focuses on several key areas to make an impact including **Healthy Futures** which addresses obesity and food access. Within this focus area, AmeriCorps provides independent living services to 365,000 elderly Americans. AmeriCorps also works to build the capacity of food banks, combat the opioid crisis, tackle homelessness, and address food insecurity.
- AmeriCorps partnered with CDC to launch **Public Health AmeriCorps**, a \$400 million investment that supports the recruitment, training, and development of the next generation of public health leaders ready to respond to the nation’s most pressing public health needs. In April 2022, Public Health AmeriCorps announced more than \$60 million in funding that includes support for more than 500 AmeriCorps members in at least 20 states to provide nutrition education, address nutrition security, and combat food inequality.
  - **Collaborations:** AmeriCorps partners with CDC on this program.
- To enhance AmeriCorps impact on food security, the AmeriCorps VISTA program launched a **Food Security Initiative (FSI)** in 2020. Through this initiative, eight sponsoring organizations receive up to 25 additional VISTA members and grant resources to strengthen their efforts to address food insecurity. Through FSI, sponsors participate in a Learning Community focused on sharing best practices, enhancing cross-project collaboration, and building their networks. Approximately 20% of VISTA members are serving in projects that combat food insecurity. In FY20, approximately, 44% of VISTA projects were in our Healthy Futures focus area that addresses obesity and food access.
  - **Collaborations:** AmeriCorps VISTA and USDA are partners.

### *U.S. Department of Interior (DOI)*

#### *National Park Service (NPS)*

- **Healthy Parks Healthy People** is the health promotion program of NPS based in the Office of Public Health. The program impacts the health and wellbeing of more than 300 million annual visitors to parks by advancing the fact that all parks —urban and wildland are cornerstones of people’s physical, mental, and spiritual health, social wellbeing, and sustainability of the planet. The program has supported more than 400 health promotion programs, events, and activities in parks across the nation such as community gardens, wellness challenges, park prescriptions, walk with a doc, exercise clinics, nature play zones, and open streets.
  - **Collaborations:** The program works with national, state, and local parks, as well as other non-government organizations.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.

- The National Park Service launched its **Healthy and Sustainable Food Program** (HSFP) in 2013 with an aim to promote and provide healthy and sustainable food options for park visitors. The HSFP provides standards, guidelines, tools, and resources for parks and concessioners to support this requirement. The HSFP guidelines includes information on topics like Effective Healthy Food Messaging and Education, Healthy Options for Children, and Local Sourcing.
- **Your Park! Your Health!** is a community engagement and educational program established in 2016 to promote the health and wellbeing of diverse populations. The program advances access and opportunities to parks among underserved communities by prioritizing the hiring of diverse interns who engage communities on physical, mental, and nutritional health topics and programming.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.

#### Pillar 4: Support physical activity for all

*U.S. Department of Health and Human Services (HHS)*

*Administration for Children & Families (ACF)*

- **Head Start Program Performance Standards (HSPPS) Section 1302.31 Teaching and the learning environment.** Section 1302.31(e) of the HSPPS outline the requirements for Head Start programs to promote learning through approaches to rest, meals, routines, and physical activity. Head Start program must recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as reward or punishment.

*Centers for Disease Control and Prevention (CDC)*

- The **State Physical Activity and Nutrition Program (SPAN)** funds states to implement evidence-based strategies at state and local levels to improve nutrition and physical activity. SPAN recipients work on the following strategies: breastfeeding, food service guidelines, nutrition and physical activity standards in ECE settings, and physical activity access.
  - **Collaborations:** CDC partners with 16 states on this program.
  - **Other Relevant Pillars:** This program applies to all pillars.
- **Active People, Healthy Nation<sup>SM</sup>** is a national initiative led by CDC to help 27 million Americans become more physically active by 2027. The initiative works with communities to implement evidence-based strategies to increase physical activity.

*Indian Health Service (IHS)*

- **IHS's Physical Activity Kit** leverages best and promising practices to increase physical activity by promoting age and culturally appropriate activities across the lifespan. The PAK toolkit can be used in schools, communities, worksites, Head Start programs, elderly centers, and youth programs.

- **Just Move It** encourages physical activity through run/walk events in the community. These events also provide health education on nutrition, diet-related diseases, and healthy recipes using native foods. Over 40,000 participants have participated in these events.
  - **Other Relevant Pillars:** Pillar 3: Empower all consumers to make and have access to healthy choices.

*National Institutes of Health (NIH)*

- The **Youth Compendium of Physical Activities** provides a list of 196 common activities in which youth participate and the estimated energy cost associated with each activity. It can be used by researchers, health care professionals, teachers and coaches, and fitness professionals to encourage physical activity in youth.
  - **Collaborations:** NIH partners with CDC, USDA, and other non-government organizations on this resource.

*Office of the Assistant Secretary for Health (OASH)*

- The **Physical Activity Guidelines for Americans** (Guidelines) provide evidence-based recommendations for Americans ages 3 and older to safely get the physical activity they need to stay healthy. The Guidelines are disseminated to consumers through the **Move Your Way®** communications campaign, which encourages Americans get the physical activity they need to get and stay healthy by increasing awareness, knowledge, and self-efficacy.
  - **Collaborations:** OASH collaborates with other HHS agencies including CDC and NIH on the Guidelines.

*General Services Administration (GSA)*

- **Consider the Stairs** promotes the use of stairs in federal buildings through aesthetic and physical changes to the staircases and messaging to employees and tenants promoting the use of stairwells to improve occupant health.

*U.S. Department of Transportation (DOT)*

- The Federal Highway Administration's **Complete Streets** program supports transportation agencies to plan, implement and evaluate equitable streets and networks that prioritize safety, comfort, and connectivity to destinations for all people who use the street network. Complete Streets serve pedestrians, bicyclists, public transportation users, children, older individuals, individuals with disabilities, motorists, and freight vehicles.
  - **Collaborations:** DOT works with the CDC and state, local and tribal governments on Complete Streets.
- The new **Safe Streets and Roads for All (SS4A)** discretionary program will support regional, local, and Tribal initiatives through grants to prevent roadway deaths and serious injuries through the development of Comprehensive Safety Action Plans and the Implementation of projects and strategies identified in existing Safety Action Plans. For example, communities could create safe routes that allow people to safely walk or bike, thereby increasing physical activity.

- **Collaborations:** The SS4A Program will provide support to tribal governments, Municipal Planning Organizations, and subdivision of a state (cities, towns, counties, transit agencies, and others).
- The Federal Highway Administration’s **Safety Office** provides extensive funding, guidance, and technical assistance that supports safe physical activity through improvements to the roadway environment to ensure the safety of active travel.
  - **Collaborations:** DOT works closely with the CDC and every state DOT on this effort.
- The Federal Highway Administration's **Bicycle and Pedestrian Program** promotes safe, comfortable, and convenient walking and bicycling for people of all ages and abilities through funding, policy guidance, program management, and resource development.
  - **Collaborations:** DOT collaborates with Metropolitan Planning Organizations, state DOTs, local transportation agencies, and other non-government partners.

*U.S. Department of Interior (DOI)*

*National Park Service (NPS)*

- The **NPS Wellness Challenge** promotes the unique health resources that are found in national park sites across the country, and invites visitors to participate in physical, mental and learning wellness activities unique to each park. Missouri is the pilot state for this program, with plans for national expansion in future years. Each national park site offers nine Wellness Challenge activities, organized within three categories: physical wellness, learning wellness, and mental wellness. Participants can get a wellness in the park passport stamped by a NPS ranger or download digital badges to mark their achievement.
- The **NPS Rivers, Trails, and Conservation Assistance (RTCA)** program assists communities across the country in planning, developing, and implementing locally-led conservation and outdoor recreation projects. RTCA works to build healthy and active communities through collaborative partnerships with communities to develop or restore parks; conserve local lands, rivers, and wildlife habitats; respond to natural disasters and advance climate resiliency; and create close-to-home connections and opportunities for physical activity and outdoor recreation in nature.
  - **Collaborations:** NPS RTCA assistance is provided to community groups, nonprofit organizations, Tribal governments, national parks, and local, state and federal land management agencies from across the country.
- **NPS Groundwork** is an urban environmental justice program that aims to improve the environment and social well-being of under resourced neighborhoods. To accomplish this, locally-led Groundwork Trusts work with community residents and partners to transform brownfields and neglected lands into parks, trails, greenspace, and community gardens.

- **Collaborations:** Groundwork is a national partnership between NPS, EPA, and Groundwork USA. Local and state agencies and non-government organizations are also involved locally.
- **Other Relevant Pillars:** Pillar 1: Improve food access and affordability.
- The **National Trails System** (16 USC 27), established in 1968, provides outdoor opportunities for the ever-expanding population, including over 84,000 miles of trails in rural and urban areas, across both land and water. The system includes 30 extended national scenic and national historic trails designated by Congress spanning all states. More than 1,300 national recreation trails showcase local and regional trails, and opportunities for nearby public access and enjoyment.
  - **Collaborations:** The NPS, BLM and USFS lead federal national scenic and national historic trail administration through an array of partnerships and collaboration with the various managers, including with Tribes, other federal agencies, states, local governments, and non-government organizations.
- The **NPS Land and Water Conservation Fund State Assistance Program (LWCF)** is an annual matching grants program that funds states, territories, the District of Columbia, and Native American Tribes to create public outdoor recreation parks and areas. LWCF allocates the tax revenue from offshore oil drilling to meet America’s need for well-planned, high-quality public outdoor recreation resources.
- The **NPS Outdoor Recreation Legacy Partnership (ORLP) Program** uses the LWCF legislation to create an annual competitive matching grants program focused on outdoor recreation for states, territories, the District of Columbia, and Tribes. The program focuses mostly on urban communities with populations of 30,000 and above. ORLP grants assist these urban communities with acquisition or development of land to create or reinvigorate public parks and other outdoor recreation spaces.
- The **Federal Lands to Parks (FLP) Program** creates new parks and recreation areas through the transfer of surplus federal lands and military bases to state and local governments. The properties transferred become recreation areas in perpetuity. FLP promotes stewardship of the natural, cultural and recreational resources associated with those properties. The process assists state and local governments in obtaining land from the GSA through the NPS for recreational uses.

#### Pillar 5: Enhance nutrition and food security research

*U.S. Department of Health and Human Services (HHS)*

*Centers for Disease Control and Prevention (CDC)*

- The **Behavioral Risk Factor Surveillance System (BRFSS)** is a state-based surveillance system administered out of the National Center for Chronic Disease Prevention and Health Promotion. It collects information on adults, obesity, physical activity, and fruit and vegetable consumption.
  - **Collaborations:** State health departments are responsible for administering the BRFSS.

- **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- The **National Health and Nutrition Examination Survey (NHANES)** is led by the National Center for Health Statistics at CDC. NHANES includes self-reported physical activity and sedentary behavior assessment, primarily among those aged >12 years as well information of diet and measured weight and height for overall population. Data are released in 2-year cycles.
  - **Collaborations:** CDC has collaborated with NIH/NCI to include accelerometers (devices that measure acceleration) in NHANES in 2003-2006 and 2011-2014.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- **The National Health Interview Survey (NHIS)** is led by the National Center for Health Statistics at CDC. Every other year, NHIS includes self-reported leisure time physical activity and walking assessments of adults and parent-reported physical activity assessment for children. NHIS also includes self-reported weight and height for adults and parent reported weight and height for children.
  - **Collaborations:** every 4<sup>th</sup> year, the CDC and NIH collaborate on the Cancer Control Supplement to NHIS, which includes adults' reported perceptions of the built environment near their home that support or hinder walking.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- The **Youth Risk Behavior Survey (YRBS)** is led by the Division of Adolescent and School Health at CDC. Every other year (odd years), the YRBS assesses physical activity sedentary behavior and select dietary behaviors among U.S. high school students.
  - **Collaborations:** YRBS is a collaboration among CDC and state, territorial, and local education, and health agencies.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- Through the **National Collaborative on Childhood Obesity (NCCOR)** CDC, NIH, USDA, and the Robert Wood Johnson Foundation (RWJF) work together to accelerate progress in reducing childhood obesity in America. Topic areas include (but are not limited to) SNAP-Ed, built environment, food marketing, and food system surveillance. NCCOR highlights tools that support healthy eating and physical activity, such as the Healthy Eating Index, and the Child Care Checklist.
  - **Collaborations:** CDC partners with NIH, NPS, USDA, and a non-government organization on this project.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- The **Nutrition and Obesity Policy Research Network (NOPREN)** is a thematic research network of the Prevention Research Centers. CDC created NOPREN to foster understanding of the effectiveness of policies to prevent obesity through improved access to affordable, healthier foods and beverages in childcare, schools, worksite, and other community settings

- The **Community Based Survey of Supports for Healthy Eating and Active Living** survey is a random sample of municipalities, conducted in 2014 and 2021, and documents the policies and practices local government have in place to support healthy eating and active living in their community.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.

*National Institutes of Health (NIH)*

- The **Dietary Screener Questionnaire (DSQ)** is part of the National Health and Nutrition Examination Survey (NHANES), which assesses the health and nutritional status of adults and children in the U.S. The DSQ asks about frequency of consumption in the past month of selected foods and drinks and captures intakes of fruits and vegetables, dairy/calcium, added sugars, whole grains/fiber, red meat, and processed meat.
  - **Collaborations:** NIH collaborates with other HHS agencies on this program.
- The **Healthy Eating Index (HEI)** is a scoring metric to determine overall diet quality (independent of quantity) that measures alignment with the Dietary Guidelines.
  - **Collaborations:** NIH and other HHS agencies collaborate with USDA on this program.
- The **Classification of Laws Associated with School Students (CLASS)** protects the well-being of students by monitoring, classifying, and evaluating physical education and nutrition policies across the United States.
  - **Collaborations:** NIH collaborates with other HHS agencies on this program.
- The **Automated Self-Administered 24-hour (ASA24®) Dietary Assessment Tool** is a free, web-based tool that enables researchers to easily collect 24-hour diet recalls and/or single or multi-day food records. Since ASA24 was released, researchers have collected 631,534 dietary recalls or food records and published more than 300 peer-reviewed scientific publications.
- The **Diet History Questionnaire (DHQ)** is a freely available food frequency questionnaire (FFQ) for use with adults 19 or more years of age. The most recent version, DHQ III, can be used by researchers, clinicians, or educators to assess food and dietary supplement intakes.
- **Activities Completed over Time in 24-hours (ACT24)** is a web-based previous-day recall instrument that was designed to estimate daily summary values for physical activity and sedentary behavior and has been used to provide detailed portraits of human time-use and energy expenditure at the population level.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- The **National Collaborative on Childhood Obesity (NCCOR) Catalogue of Surveillance Systems** provides researchers with one-stop access to over 100 publicly available datasets relevant to childhood obesity research.
  - **Collaborations:** NIH partners with CDC, USDA, and a non-government organization on this resource.



- **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- The **NCCOR Measures Registry Resource Suite** is a series of three tools—the Measures Registry, User Guides, and Learning Modules, which help users understand key measurement concepts and find appropriate measures for research and evaluation projects related to individual diet, food environment, individual physical activity, and physical activity environment.
  - **Collaborations:** NIH partners with CDC, USDA, and a non-government organization on this resource.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- The **NCI Cohort Consortium** pools large quantities of data and biospecimens necessary to conduct cancer studies and provides a coordinated, interdisciplinary approach to tackling important scientific questions, including those related to dietary intake and health outcomes, economies of scale, and opportunities to quicken the pace of research.
  - **Pillars:** Pillar 4: support physical activity for all.
- The **Consortium of Metabolomics Studies (COMETS)** promotes collaboration among prospective cohort studies that follow participants for a range of outcomes and perform metabolomic profiling of individuals to foster international collaboration and discussion, support the development of early career researchers, and advance the knowledge of the metabolome.
- The **Time-Sensitive Obesity Policy Research Program** supports research to evaluate new policies or programs that are likely to influence obesity related behaviors (e.g., dietary intake, physical activity, sedentary behavior, and/or sleep) and/or weight outcomes in an effort to prevent or reduce obesity.
  - **Other Relevant Pillars:** Pillar 4: Support physical activity for all.
- The **Dietary Assessment Primer** is a framework that helps researchers determine the best way to assess diet for any study and understand the key features of self-report instruments and the benefits and drawbacks of potential approaches to collecting and analyzing dietary intake data.
- The National Heart, Lung, and Blood Institute (NHLBI) funds several ongoing **cohort studies** that contribute to understanding the link between diet and a variety of health outcomes. These include the Coronary Artery Risk Development in Young Adults (CARDIA) Study, the Multi-Ethnic Studies of Atherosclerosis (MESA) study, the Women’s Health Initiative (WHI), the Hispanics Community Health Study/Study of Latinos (HCHS/SOL), and the Risk Underlying Rural Areas Longitudinal (RURAL) Study.
- The **Early Intervention to Promote Cardiovascular Health of Mothers and Children (ENRICH) program** tests the effectiveness of a cardiovascular health (CVH) module delivered through a home visiting program to see if it can enhance maternal and early childhood CVH, including improvements in diet, feeding practices, and physical activity. The study will include 8,885 women and children dyads across the U.S.

- **Collaborations:** NIH collaborates with other HHS agencies on this study.
- The NIH Office of Nutrition Research (ONR) is encouraging **Research to Understand and Address Hunger and Nutrition Insecurity** with a funding opportunity that will deploy regionally and culturally appropriate investigator-initiated research studies with annual meetings for sharing results, lessons learned, and best practices for community engagement.
- The **ONR Nutrition and Health Disparities Implementation Working Group (IWG)** seeks to advance NIH research to address diet-related diseases and understand the role of food and nutrition insecurity on disease prevention, progression, and management. Other IWGs included: Foundational Nutrition Science; Microbiome, Diet, and Health Interrelationships; Nutrition Across the Lifespan; Implementation of Nutrition-related Programs, Practices, and Behaviors; Approaches, Methods, and Tools for Dietary Intake Assessment; and Medical Nutrition.
  - **Collaborations:** NIH collaborates with CDC and USDA on this IWG.
- The **2020-2030 Strategic Plan for NIH Nutrition Research** emphasizes cross-cutting, innovative opportunities to advance nutrition research across a wide range of areas, from basic science to experimental design to research training. The plan is organized around a unifying vision of precision nutrition research and includes four strategic goals and five cross-cutting research areas. These opportunities complement and enhance ongoing research efforts across NIH to improve health and to prevent or combat diseases and conditions affected by nutrition.
- **NHLBI Nutrition Research Implementation Plan (NRIP)** provides information to research scientists and clinicians to stimulate nutrition research discoveries, particularly as they relate to precision nutrition to improve heart, lung, blood, and sleep health.
- The **Breastmilk Ecology: Genesis of Infant Nutrition: BEGIN Project** deepens the understanding of human milk composition and its ecology, including parental biology, the breastfeeding infant, and the unique nature of human milk and intends to inform agencies/organizations about safe and efficacious infant feeding practices and the development of a research agenda to support all aspects of those efforts.
  - **Collaborations:** NIH collaborates with USDA, FDA, CDC, and USAID on this project.
- The **Biomarkers of Nutrition for Development – Knowledge Indicating Dietary Sufficiency (BOND-KIDS) Project** employs an ecological approach by examining the relationships among the developing school-aged child and its interaction with its internal (biological, nutritional, developmental) and external (diet, socio-demographic, physical) environments to develop, support, and evaluate efforts to meet nutritional needs and optimize outcomes.
  - **Collaborations:** NIH collaborates with USDA, CDC, USAID, and global agencies on this project.
- The NIH Common Fund's **Nutrition for Precision Health, powered by the All of Us Research Program**, leverages recent advances in biomedical science including artificial

intelligence and microbiome research to develop algorithms that predict individual responses to foods and dietary patterns, which the goal of informing efforts in precision nutrition.

## *U.S Department of Agriculture (USDA)*

### *Food and Nutrition Service (FNS)*

- The USDA Food and Nutrition Service (FNS) conducts a variety of studies, evaluations, and related activities that respond to the needs of policy makers and managers and help ensure that nutrition assistance programs achieve their goals effectively. Published reports and the annual FNS Research and Evaluation Plans are available online.
  - **Collaborations:** FNS collaborates across the USDA Mission Areas and with CDC, NIH, U.S. Census Bureau, among other Federal partners and with its grantees and contractors in the academic, non-profit, and private sectors.

### *Agricultural Research Service*

- The **USDA Agricultural Research Service (ARS)** National Program 107: Human Nutrition works to define the role of food and its components in optimizing health throughout the life cycle for all Americans by conducting high national priority research. A selected example includes working to develop agricultural practices at the Responsive Agricultural Food Systems Research Unit in collaboration with Texas A&M's AgriLife Research to advance public health and food security. Another example is investigating rural-urban differences in and association between food security status, food availability, participation in federal nutrition assistance programs, dietary intake, and obesity among children across different age groups.
  - **Collaborations:** ARS collaborates across the USDA Mission Areas and with NIH and CDC on this program.

### *Economic Research Service*

- The USDA Economic Research Service (ERS) conducts economic research on numerous topics central to food and nutrition security and provides links to selected ERS research and resources on these topics. ERS plays a leading role in research on food security and food security measurement in U.S. households and reports annually on the extent and severity of food insecurity in U.S. households, through an annual, nationally representative survey of U.S. households sponsored and analyzed by ERS. The latest edition is the Household Food Security in the U.S. in 2020. Researchers at ERS anticipate trends and emerging issues in agriculture, food, the environment, and rural America and conducting high-quality, objective economic research to inform and enhance public and private decision making.
  - **Collaborations:** ERS collaborates across the USDA Mission Areas and with the CDC, NIH, U.S. Census Bureau, among other partners.

### *National Institute of Food Agriculture*

- The **USDA National Institute of Food and Agriculture (NIFA)** invests more than \$160 million in research, education, extension, and innovation to advance USDA's goal to

tackle food and nutrition insecurity. This includes leveraging more than 20 program and partners with the Land-Grant University System and government, private, and non-profit organizations to support science, including identifying the underlying causes of diet-related chronic diseases and developing culturally competent nutrition education for historically underserved communities.

- **Collaborations:** NIFA collaborates across the USDA Mission Areas, and with other Federal departments and agencies including but not limited to the CDC, NIH, VA, and DoD and works closely other non-government partners.

#### *USDA Office of the Chief Scientist (OCS)*

- The USDA Office of the Chief Scientist (OCS) coordinates Food and Nutrition-Related Research Strategy Team Priorities across the USDA in alignment and support of the Secretary's priorities and the USDA Strategic Plan FY22-26 including tackling food and nutrition security.

#### *U.S. Department of Housing and Urban Development (HUD)*

- HUD's **Data Linkage and Mapping efforts** will improve understanding of the relationship between food insecurity and housing status due to low incomes, disabilities, and being of disadvantaged communities. Data linkages have been completed and analyses are currently underway in order to publish findings.
  - **Collaborations:** HUD collaborates with Census, CDC, and USDA on this effort.

#### *U.S. Census Bureau*

- The **American Community Survey (ACS)** is a nation-wide survey designed to provide communities with reliable and timely social, economic, housing, and demographic data every year. The Census Bureau uses data collected in the ACS to provide estimates on a broad range of population, housing unit, and household characteristics for states, counties, cities, school districts, congressional districts, census tracts, block groups, and many other geographic areas. The ACS includes a question about a household's receipt of Food Stamps/Supplemental Nutrition Assistance Program (SNAP), which is used to create statistics about participation in food assistance programs.
  - **Collaborations:** Many federal programs (including Low-Income Home Energy Assistance; Community Development Block Grant; Older Americans Act; Every Student Succeeds Act; Head Start; and Women, Infants, and Children) use ACS income data to allocate formula grants.
- The **Current Population Survey (CPS)** is a monthly survey designed primarily to produce national and state estimates of labor force characteristics of the civilian noninstitutional population 16 years of age and older. The food security questions are asked in December in a Food Security Supplement (FSS) administered to all interviewed households. Items deal with food expenditures, minimum food spending needed, food program participation, concerns about food sufficiency, and ways of coping with not having enough food. This data collection provides information about the prevalence and severity of food insecurity in U.S. households.

- **Collaborations:** The Census Bureau collaborates with USDA, the sponsoring agency for the FSS.
- The **Survey of Income and Program Participation (SIPP)** is a nationally representative longitudinal survey that provides comprehensive information on the dynamics of income, employment, household composition, and government program participation. The SIPP collects data on receipt of SNAP, WIC, and school meals, as well as information about informal food assistance, such as from food banks. The SIPP also collects information on food security for the household.
- The **Household Pulse Survey (HPS)** is an interagency federal statistical rapid response survey to measure effects of the Coronavirus (COVID-19) Pandemic on the U. S. Household Population. The Household Pulse Survey measures how the coronavirus pandemic is impacting households across the country from a social and economic perspective. From the beginning of the HPS, the U.S. Census Bureau has fielded questions on food security and later food sufficiency.
  - **Collaborations:** The Census Bureau collaborates on content and question development with USDA and FDA.
- The **School Pulse Panel (SPP)** is a monthly, school-based survey sponsored by the National Center for Education Statistics (NCES) and conducted by the U.S. Census Bureau. The SPP is representative of U.S. public schools and the sample is designed to provide national estimates of primary, middle, and high schools by many school characteristics, including characteristics of student enrollment. In the March 2022 data collection, schools were asked a series of questions about the USDA’s School Meal Programs.
  - **Collaborations:** The Census Bureau administers the SPP on behalf of NCES and collaborated with USDA on questions related to the School Meal Programs.
- The **National Survey of Children’s Health (NSCH)**, funded and directed by the Health Resources and Services Administration’s Maternal and Child Health Bureau (HRSA MCHB), is the largest national- and state-level survey on the health and health care needs of children ages 0-17, their families, and their communities. It is the only data source on key measures of health care access and quality, such as medical home, the primary source for Title V Maternal and Child Health Services Block Grant Performance and Outcome Measures, and the data source for the NSCH includes sponsored content on various aspects of food insecurity and nutrition.
  - **Collaborations:** The Census Bureau collaborates with HRSA and, beginning in 2021, with the CDC, who has sponsored five questions related to the frequency of fruit, vegetable, and sugary drink consumption and frequency of outdoor play.
- The **Enhancing Health (EHealth) Program** strategically re-uses administrative records, including health records, to improve measurement of patient and provider characteristics and advance understanding of population health.
  - **Collaborations:** The Census Bureau collaborates with other federal agencies to reuse their administrative records (e.g., IRS and CMS)

- The **National Ambulatory Medical Care Survey (NAMCS)** is designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the U.S. Findings are based on a national sample of visits to non-federally employed office-based physicians primarily engaged in direct patient care, and a national sample of visits to health centers.
  - **Collaborations:** The Census Bureau collaborates with CDC’s National Center for Health Statistics (NCHS).

## Next Steps

The federal government is leading numerous programs, initiatives, and collaborations to address hunger, nutrition, and diet-related diseases and disparities. However, hunger and diet-related diseases and disparities remain rampant issues in the U.S. The Biden-Harris Administration recognizes that more can and should be done. At the White House Conference on Hunger, Nutrition, and Health in September 2022, the Biden-Harris Administration will release a national strategy that will serve as a road map for ending hunger, improving nutrition and physical activity, and eliminating disparities. The strategy will outline a whole-of-government approach to solving these problems and include actions (e.g., regulatory, programmatic, educational, research) that individual agencies will take, as well as new areas for collaboration and coordination to amplify efforts. The plan will also identify statutory and budgetary opportunities to help ensure successful implementation of the plan.

Hunger and diet-related diseases and the disparities surrounding them are complex, systematic issues. The Biden-Harris Administration is committed to doing its part. Ending hunger and increasing healthy eating and physical activity by 2030 requires everyone working together: local, state, territory, and Tribal governments; nonprofit and community groups; private companies; and others. To facilitate a whole-of-country approach, the Biden-Harris Administration has been conducting extensive stakeholder engagement leading up to the White House Conference and the national strategy.

During the first two weeks of June 2022, the Biden-Harris Administration hosted six virtual, regional listening sessions that were open to the public. One of the sessions was provided in Spanish, and translation services were provided for the other listening sessions. The listening sessions were an opportunity for stakeholders from a wide range of perspectives to share their ideas and stories. The Biden-Harris Administration also hosted sector-specific listening sessions with non-profit/advocacy organizations, philanthropy groups, faith-based groups, agriculture groups, the private sector, labor groups, civil rights groups, youth groups, and veterans/military groups. In partnership with USDA and HHS, the Biden-Harris Administration also hosted a Tribal Consultation in June 2022.

To provide further opportunities for input, the Biden-Harris Administration developed and released a toolkit that stakeholders can use to host their own convenings. This toolkit was designed to help stakeholders facilitate conversations with their community, other organizations, and individuals about ending hunger, improving nutrition, and increasing physical activity—all while reducing disparities. The toolkit is available in Spanish, Chinese, Korean, and Vietnamese.

Additionally, the Biden-Harris Administration opened a portal on the White House Conference website for any individual to share their ideas and experiences with hunger and/or diet-related diseases. The Biden-Harris Administration is using all of this public input to inform the national strategy that will be released at the White House Conference in September 2022.

## Conclusion

The parallel crises of hunger and diet-related diseases hinder Americans' lives on a daily basis. These crises inflict significant hardship on Americans, particularly on underserved communities, through poor health and financial stress. The consequences of hunger and diet-related diseases are also felt across society, through reduced workforce productivity, weakened national security, and continually increasing health care costs. Ensuring every American is equipped to achieve optimal health is a priority for the Biden-Harris Administration. By setting a goal of ending hunger, increasing health eating and physical activity, and reducing disparities, the Biden-Harris Administration envisions a country where every American has access to food, including healthy food, and safe places to be physically active every day.

Achieving this goal requires a sustained, collaborative, long-term effort. The White House Conference and national strategy will serve as a launching pad for everyone to work together to fundamentally shift the country's nutrition and physical activity policies, systems, and environmental supports. The Biden-Harris Administration appreciates the bipartisan support of Congress in working together to achieve this goal.

## Appendix

### *Interagency Workgroup Members*

- AmeriCorps
- Appalachian Regional Commission
- Delta Regional Authority
- Denali Regional Commission
- Environmental Protection Agency
- Federal Emergency Management Agency
- Federal Trade Commission
- General Services Administration
- Northern Border Regional Commission
- Office of Personnel Management
- U.S. Census Bureau
- U.S. Department of Agriculture
- U.S. Department of Commerce
- U.S. Department of Defense
- U.S. Department of Education
- U.S. Department of Health and Human Services
- U.S. Department of Housing and Urban Development
- U.S. Department of the Interior
- U.S. Department of Justice
- U.S. Department of Labor
- U.S. Department of Transportation
- U.S. Department of Treasury
- U.S. Department of Veterans Affairs



## *Acronyms*

ACF - Administration for Children & Families

ACS - American Community Survey

ACT24 - Activities Completed over Time in 24-hours

AHRQ – Agency for Healthcare Research and Quality

ANA - Administration for Native Americans

ARC - Appalachian Regional Commission

BEGIN - Breastmilk Ecology: Genesis of Infant Nutrition Project

BOND-KIDS - Biomarkers of Nutrition for Development – Knowledge Indicating Dietary Sufficiency Project

BOP - Bureau of Prisons

BRFSS - Behavioral Risk Factor Surveillance System

BRIC - Building Resilient Inclusive Communities

CACFP - Child and Adult Care Food Program

CARDIA - Coronary Artery Risk Development in Young Adults Study

CDC – Centers for Disease Control and Prevention

CDBG-CV - Community Development Block Grants and Community Development Block Grant – Coronavirus

CDSME - Chronic Disease Self-Management Education and Falls Prevention programs

CHIP - Coordination and data sharing between Medicaid, the Children's Health Insurance Program

CLASS - Classification of Laws Associated with School Students

CNPP - Center for Nutrition Policy and Promotion

CoC - Continuum of Care Program

COMETS - Consortium of METabolomics Studies

CORD - Childhood Obesity Research Demonstration 3.0

CPS - Current Population Survey

CSFP - Commodity Supplemental Food Program

DCBE - Division of Consumer and Business Education

DDTP - IHS Division of Diabetes Treatment and Prevention Training and Resource Program

DHQ - Diet History Questionnaire

DOC – U.S. Department of Commerce

DoD – U.S. Department of Defense

DOI – U.S. Department of Interior  
DOJ – U.S. Department of Justice  
DOL – U.S. Department of Labor  
DOT – U.S. Department of Transportation  
DRA – Delta Regional Authority  
DRC – Denali Regional Commission  
DSQ - Dietary Screener Questionnaire (DSQ)  
ED – U.S. Department of Education  
EDA - Economic Development Administration  
EFSP - Emergency Food and Shelter Program  
ENRICH - Early Intervention to Promote Cardiovascular Health of Mothers and Children program  
ERE - Environmental Regulatory Enhancement programs  
ESG - Emergency Solutions Grants and Emergency Solutions Grants CARES Act (CV)  
EPA – Environmental Protection Agency  
FAFSA - Federal Application for Student Aid  
FBG - Food Buying Guide for Child Nutrition programs  
FDA – Food and Drug Administration  
FDPIR - Food Distribution Program on Indian Reservation  
FEHBP - Federal Employees Health Benefits  
FEMA – Federal Emergency Management Administration  
FFVP - Fresh Fruit and Vegetable Program  
FLP - Federal Lands to Parks program  
FMNP - WIC Farmers Market Nutrition Program  
FSI - Food Security Initiative  
FTC – Federal Trade Commission  
G4G - Go-for-Green Program  
GNCP - U.S. Government Global Nutrition Coordination Plan-2.0  
GSA – General Services Administration  
HCHS/SOL - Hispanics Community Health Study/Study of Latinos  
HEALS - Job Corps’ Healthy Eating and Active Lifestyles program

HEARTH Act - Helping Expedite and Advance Responsible Tribal Home Ownership Act of 2012 program

HEERF - Higher Education Emergency Relief Fund

HEI - Healthy Eating Index

HFFI-FA - Community Development Financial Institutions Fund Healthy Food Financing Initiative – Financial Assistance program

HHS – U.S. Department of Health and Human Services

HOP - High Obesity Program

HOPWA CV - Housing Opportunities for Persons with AIDS (HOPWA) and Housing Opportunities for Persons with AIDS CARES Act

HPS - Household Pulse Survey

HSFP - Healthy and Sustainable Food Program

HTKs - Healthy Teaching Kitchen program

HUD – U.S. Department of Housing and Urban Development

IHE - Institutions of higher education

IHS HLY - Healthy Lifestyles in Youth program

IHS I/T/U - Indian Health Service, Tribal, and Urban Indian health grant programs

InCK - CMS Innovation Center’s Integrated Care for Kids

IWG - Nutrition and Health Disparities Implementation Working Group

LFLP - Local Foods, Local Places

LWCF - NPS Land and Water Conservation Fund State Assistance program

MBDA - Minority Business Development Agency

MESA - Multi-Ethnic Studies of Atherosclerosis study

MIECHV - Maternal, Infant, and Early Childhood Home Visiting program

m-NEAT - Military Nutrition Environment Tool

NADP - National Aquaculture Development Plan

NAMCS - National Ambulatory Medical Care Survey

NAP - Nutrition Assistance Program

NBRC – Northern Border Regional Commission

NCAI – National Congress of American Indians

NCCC - AmeriCorps National Civilian Community Corps

NCCOR - National Collaborative on Childhood Obesity

NFS - Nutrition and Food Services

NHANES - National Health and Nutrition Examination Survey

NHIS - National Health Interview Survey

NIDDK - National Institute of Diabetes and Digestive and Kidney Diseases

NIH P2P - NIH Pathways to Prevention Program

NMCPHC - DoD Nutrition Committee, Air Force, Army, Navy, and Navy & Marine Corps Public Health Center

NOAA – National Oceanic and Atmospheric Administration

NOPREN - Nutrition and Obesity Policy Research Network

NSCH - National Survey of Children’s Health

NSLP, SBP - National School Lunch and Breakfast Programs

OPM – Office of Personnel Management

ORLP - NPS Outdoor Recreation Legacy Partnership Program

PHOs - Partially Hydrogenated Oils

POWER - Partnerships for Opportunity and Workforce and Economic Revitalizations Grant Program and Area Development Grant Program

REACH - Racial and Ethnic Approaches to Community Health grant program

ROSS-SC - Resident Opportunity and Self-Sufficiency Service Coordinator program

RTCA - NPS Rivers, Trails, and Conservation Assistance

RURAL - Risk Underlying Rural Areas Longitudinal Study

RWJF - Robert Wood Johnson Foundation

SBA – U.S. Small Business Association

SDOH - Social Determinants of Health

SDPI - Special Diabetes Program for Indians

SEDS - Social and Economic Development Strategies

SEID - State Economic & Infrastructure Development grant program

SFMNP - Senior Farmer’s Market Program

SFSP - Summer Food Service Program

SIPP - Survey of Income and Program Participation

SLFRF - Coronavirus State and Local Fiscal Recovery Funds

SMP - Special Milk Program

SNAP - Supplemental Nutrition Assistance Program

SNAP-Ed - SNAP-Education

SPAN - State Physical Activity and Nutrition Program  
SPINE - State Partnerships Improving Nutrition and Equity program  
SPP - School Pulse Panel  
SS4A - Safe Streets and Roads for All  
TAPS - Healthy Kids, Healthy Future Technical Assistance Program  
TEFAP - Emergency Food Assistance Program  
TRAIL - Together Raising Awareness for Indian Life program  
USDA – U.S. Department of Health and Human Services  
UST – U.S. Department of Treasury  
VA – U.S. Department of Veterans Affairs  
WHI - Women’s Health Initiative  
WIC - Special Supplemental Nutrition Program for Women, Infants, and Children  
YRBS - Youth Risk Behavior Survey