

Partner-led Convening Session for White House Conference on Hunger, Nutrition, and Health

Session Convener: Association of State Public Health Nutritionists (ASPHN) and Association of State Maternal and Child Health Programs (AMCHP)

July 7, 2022

Attendance for session = 84

ASPHN is a 501(c)(3) non-profit membership organization. Our members work at the state and local level in governmental public health agencies and in non-profit organizations, and we have members who are faculty in public health and public health nutrition programs. This year, [ASPHN celebrated our 70th anniversary](#). At ASPHN, we strengthen nutrition policy, programs and environments for all people through the development of public health nutrition leaders and the collective action of our members nationwide. To accomplish our mission, we provide state and national leadership on food and nutrition policy, programs and services to our membership.

AMCHP is a 501(c)(3) non-profit membership organization that serves as a national resource, partner, and advocate for state public health leaders who work and support state maternal and child health programs and others working to improve the health of women, infants, children, youth, parents, families, and communities. We build successful programs by disseminating best practices, advocating on behalf of our members in Washington, DC, providing technical assistance, convening leaders to share experiences and ideas, and advising states to reach our common goal of healthy children, healthy families, and healthy communities. Our values include: leadership, collaboration, health equity and social justice, inclusion, integrity, excellence, and stewardship.

On July 7, 2022, ASPHN and AMCHP held a virtual partner-led convening session for the 2022 White House Conference on Hunger, Nutrition, and Health. The participants included ASPHN and AMCHP members who represent state and local maternal and child health public health stakeholders including public health professionals, nutrition and dietetic professionals, students, community members, health care providers (both within school and community settings), and those with lived experience of hunger and diet-related diseases. Working in five groups of about 20 people, we had facilitators and scribes ask and record responses to four of the five questions from the Toolkit for Partner-Led Convenings. This document provides a summary of the responses organized by pillar. Recommendations that would address multiple pillars are listed under each pillar.

Thank you for leading a transparent and inclusive process. We appreciate the opportunity to submit these notes from our partner-led convening.

FIVE PILLARS:

- 1. Improve food access and affordability: End hunger by making it easier for everyone — to access and afford food.**

- a. Raise the federal minimum wage, increase income limits (to match inflation) for SNAP, WIC, and childcare subsidies, and institute a federal paid family leave program for both part time and full time workers (increasing paid family leave benefits has been shown to improve breastfeeding initiation and duration rates).
- b. Prioritize nutrition, physical activity, and food security-related funding to small organizations that have built trust with communities with lived experience of hunger and diet-related diseases.
- c. Support community members to take the lead in developing nutrition and physical activity programs and initiatives for their communities, including parents of children with disabilities.
- d. Make virtual options for WIC enrollment and recertifications permanent.
- e. Increase access to resources that improve the ability to access healthy foods.
 - i. Prioritize reauthorization of child nutrition programs
 - ii. Prioritize policies that help localize food systems, which stabilizes community food access particularly during climate and health emergencies (hurricanes, COVID-19, etc.). Particularly policies that regulate agricultural monopolies and incentivize local farmers to grow food using evidence-based methods to mitigate climate change.
 - iii. Transportation, specifically designing bus routes to access grocery stores/farmers markets and requiring insurance reimbursement for ride shares to grocery stores/farmers markets.
 - iv. Medicaid reimbursement for Lyft/Uber transportation to grocery stores/farmers markets.
 - v. Increase mobile food banks/food hubs to go where the families are. Support delivery services for disabled or homebound seniors or full-time caregivers.
 - vi. Online grocery purchases with subsidized options for delivery, especially for WIC and SNAP participants.
- f. Policy changes to help facilitate one-stop enrollment among various programs (WIC, SNAP, Head Start, Medicaid, and other programs). Examples of this include re-visiting confidentiality rules to allow for data/information sharing across Federal benefit programs.
- g. Federal nutrition enrollment sites co-located in spaces where families already spend time, i.e., WIC clinics located in grocery stores.
- h. Reimagine the WIC food packages to better align with the most current Dietary Guidelines for Americans and allow for more flexibility for culturally appropriate foods and dietary restrictions.
- i. Remove requirements for infant formula rebates and formula brand requirements from the WIC federal regulations so that families can choose the formulas that work best for them.
- j. Include LGBTQIA+ and non-gender specific language in WIC eligibility policies/terminology.
- k. Remove citizenship documentation requirements from all nutrition programs.

- l. Revisit minimum stocking criteria for retailers that accept WIC; many corner/convenience stores offer many WIC-eligible foods but cannot become WIC approved vendors because of burdensome minimum stocking requirements.
- m. Leverage the virtual infrastructure developed by WIC and SNAP programs during the COVID pandemic to reach rural populations and people with transportation issues.
- n. Recognize that human milk is infant nutrition. Prioritize support and funding for human lactation across federal programs.
 - i. Increase funding for breastfeeding support across all areas where families receive education, support, etc.
 - ii. Increase access to human donor milk banks by increasing the number of locations where donor milk can be picked up by families and removing barriers to donating human milk.
 - iii. Mandate that CMS supports hospital grade breast pump loaner programs, without charges or fees.
- o. Increase incentives for private companies to work with federal nutrition programs.
 - i. Transportation companies, like Uber, Lyft, or Instacart to help with delivery of food purchased using federal nutrition program benefits, including meals that follow medical restrictions.
 - ii. Trucking companies to deliver to rural area food shelves, farmers' markets/grocery stores, and schools.
 - 1. [MASS Food Delivery](#) is an example of a program picking up from farmers and delivering to those in need.
- p. Provide funding support for regional based food systems work, such as food hubs, that can help get more local foods to children.
- q. Provide food banks with support for refrigeration systems.
- r. Revisiting the Farm Bill to increase incentives for farmers to grow specialty crops.
- s. Many children eat 2 or 3 meals in schools and spend 75% of their time at schools. Support implementation of universal free meals to foster an environment for all children to have access to good food, by removing stigma.
- t. Schools need to be reimbursed for meals at sufficient levels and reimbursement levels need to have automatic adjustments for inflation.
- u. Leverage farm to school opportunities at the federal level to allow government funding to be spent on local products.
- v. Increase funding for Farm to School, especially in rural areas, including processing of foods into a form that is easy for schools or early childhood facilities to use e.g., peeled and cut squash and carrots.
- w. Incentivize corner stores and convenience stores within a ½ mile range of schools to carry healthy food choices.

2. Integrate nutrition and health: Prioritize the role of nutrition and food security in overall health, including disease prevention and management, and ensure that health care system addresses the nutrition needs of all people.

- a. Establish a High-ranking Executive Branch Official for Food, Nutrition, and Physical Activity.
- b. Consider mental health supports as a root cause for physical health and wellbeing.
- c. Consider nutrition benefits programs as public health programs, with a more holistic focus on nutrition and health. Assure public health nutrition fits into the overall system of care for children and families by building into federal programs both in regulation and funding.
- d. Raise the federal minimum wage, increase income limits (to match inflation) for SNAP, WIC, and childcare subsidies, and institute a federal paid family leave program for both part time and full-time workers (increasing paid family leave benefits has been shown to improve breastfeeding initiation and duration rates).
- e. Prioritize the role of nutrition and food security in overall health- remove barriers such as lack of insurance coverage for people to be able to work with a nutrition and lactation professionals before there is a serious condition.
- f. Require health insurance coverage of disease prevention and Medical Nutrition Therapy (MNT) for all chronic diseases and not just limited to kidney disease; and permit coverage of MNT services in a wide variety of settings, including grocery stores, medical settings, etc.
- g. Encourage public and private sector partners to work together to embed food hubs/food banks, WIC clinics and immunization clinics into health systems (i.e. pediatricians) where children and youth with special health care needs are commonly served.
- h. Improve the ability to share information with state Health Information Exchanges so that public health could reach out to offer services and streamline the WIC enrollment process while improving the continuity of care. For example, loosening restrictions on data sharing across state agencies.
- i. Improve coordination amongst federal agencies (HRSA, CDC, USDA) related to nutrition security and food access for children and families. (e.g., coordination of grant programs, services).
- j. Invest resources that focus on building partnerships and relationships for coordination of nutrition services for maternal and child health populations, with a focus on inclusion of health providers in the overall system of nutrition services.
- k. Incentivize individuals who are trained in supporting people with food insecurity and those who have experienced food trauma as approved Medicaid providers by offering reimbursement structures that are competitive with private health insurance rates.
- l. Support expansion of Medicaid-approved registered dietitian nutritionists in the retail/grocery sector.

- m. Develop consistent nutrition standards among federally funded nutritional benefit programs.
- n. Develop consistent definitions for nutrition security, food security, insecurity consistent within public and private sector entities.

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, messaging and education campaigns that are culturally appropriate and resonate with specific communities.

- a. Raise the federal minimum wage, increase income limits (to match inflation) for SNAP, WIC, and childcare subsidies, and institute a federal paid family leave program for both part time and full-time workers (increasing paid family leave benefits has been shown to improve breastfeeding initiation and duration rates).
- b. Encourage WIC, Human Milk Banks, and State Health Departments to collaborate to increase awareness of donor human milk. For example, Indiana Dept of Health and WIC are partnering with The Milk Bank in Indianapolis to increase the number of Donor Milk Express locations across the state where donor milk can be picked up by families.
- c. Support expansion of Medicaid-approved registered dietitian nutritionists in the retail/grocery sector.
- d. Expand funding for programs: SNAP match programs at local farmers markets.
- e. Encourage use of local community food co-op to process and distribute local produce to schools.
- f. Revisit the Farm Bill to increase funding to local producers of healthy, traditional, culturally appropriate foods in their communities.
- g. Work with industries to develop and fund SNAP type programs as a worker benefit.
- h. Use incentives to encourage industry to be more responsive in addressing the various supply chain issues, e.g. infant formula, and food safety issues the country is currently experiencing.
- i. Stricter guidelines on food safety of ingredients, pesticides, food coloring, artificial ingredients, etc- especially ingredients that are known carcinogens and harmful to reproductive organs.

4. Support physical activity for all: Make it easier for people to be more physically active

- a. Raise the federal minimum wage, increase income limits (to match inflation) for SNAP, WIC, and childcare subsidies, and institute a federal paid family leave program for both part time and full-time workers (increasing paid family leave benefits has been shown to improve breastfeeding initiation and duration rates).
- b. Increase SNAP-Ed funding to support implementation of programs that support physical activity (strong bones/strong women in older adults) and to be able to provide classes (or connections to others who provide classes, i.e., YMCAs, healthcare) such as yoga and chair aerobics. Allow funding to be used for virtual

physical activity opportunities for all, particularly for those who face challenges in leaving their homes.

- c. Strategies that encourage enjoyment of physical activity by providing learners with an opportunity to take part in a range of physical activities and develop an understanding of effective and safe physical performance. This helps learners to develop an appreciation of the necessity for a sound understanding of the tenets, procedures, and training that underpin improved rendition, better health, and well-being.
- d. Make physical activity safe and fun and for everyone.
 - i. Frame physical activity initiatives as efforts to improve social connectedness as opposed to targeting weight status to reduce the stigma associated with participation.
 - ii. Improve outdoor environments in early care and education.
 - iii. Consider more active learning environments in all educational settings.
 - iv. Prioritize adaptations for special needs.
- e. Support community members to take the lead in developing nutrition and physical activity programs and initiatives for their communities, including parents of children with disabilities.

5. Enhance nutrition and food security research

- a. Improve data collection in terms of breastfeeding initiation, duration, etc. with an emphasis on collecting demographics to support monitoring of inequities in outcomes (race, ethnicity, gender identity, ability status, income, geographic location, etc.).
- b. Increase funding for research aimed at improving inequities in nutrition-related maternal and infant health outcomes tied to improving health outcomes.
- c. Add questions related to food access to national surveys that drill down to the community level and collect demographics to help us better understand where the most inequities exist in access to food. the issue of access to food, particularly where the most inequities exist (e.g., National Survey of Children's Health). In addition, include questions that can measure and demonstrate the correlation between health and food access/consumption to support data-driven decision making.
- d. Data collection mechanisms to understand what people are buying with their WIC benefits, and what they aren't buying so that benefits can be adjusted according to family preferences.
- e. Include questions about food security and social determinants of health on Medicaid screening questions and add coverage of nutrition-related benefits to Medicaid policies.