

# Report of the 50th Anniversary of the White House Conference on Food, Nutrition, and Health:

Honoring the Past, Taking  
Actions for our Future

March 2020



## CONFERENCE CO-CHAIRS

### **Frank Hu, M.D., Ph.D.**

*Chair of the Department of Nutrition  
Fredrick J. Stare Professor of Nutrition and Epidemiology  
Harvard T.H. Chan School of Public Health*

### **Jerold Mande, M.P.H. (Report Co-Chair)**

*Professor of the Practice  
Tufts Friedman School of Nutrition Science and Policy  
Former Deputy Under Secretary, U.S. Department of Agriculture*

### **Dariush Mozaffarian, M.D., Dr.P.H.**

*Jean Mayer Professor of Nutrition and Medicine  
Tufts Friedman School of Nutrition Science and Policy*

### **Walter Willett, M.D., Dr.P.H. (Report Co-Chair)**

*Professor of Epidemiology and Nutrition  
Harvard T.H. Chan School of Public Health*

## REPORT WORKGROUP

### **John Auerbach, M.B.A.**

*President and CEO, Trust for America's Health  
Former Associate Director at the Centers for Disease Control and Prevention*

### **Sara Bleich, Ph.D.**

*Professor of Public Health Policy  
Harvard T.H. Chan School of Public Health*

### **Emily Broad Leib, J.D.**

*Clinical Professor of Law  
Director, Food Law and Policy Clinic  
Harvard Law School*

### **Christina Economos, Ph.D.**

*Professor & New Balance Chair in Childhood Nutrition  
Director, ChildObesity180  
Division Chair, Nutrition Interventions, Communication, and Behavior Change  
Tufts Friedman School of Nutrition Science and Policy*

### **Timothy Griffin, Ph.D.**

*Associate Professor, Nutrition, Agriculture and Sustainable Food Systems  
Division Chair, Agriculture, Food and Environment  
Tufts Friedman School of Nutrition Science and Policy*

### **Thomas Grumbly**

*President, SoAR Foundation  
Former Associate Administrator of the Food Safety and Inspection Service, U.S. Department of Agriculture  
Former Under Secretary, U.S. Department of Energy*

### **Howard Koh, M.D., MPH**

*Harvey V Fineberg Professor of the Practice of Public Health Leadership  
Harvard T.H. Chan School of Public Health and Harvard Kennedy School  
Former Assistant Secretary for Health for the U.S. Department of Health and Human Services*

**Rafael Pérez-Escamilla, Ph.D., Dr. Honoris Causa**

*Professor of Public Health  
Director, Office of Public Health Practice  
PI, Yale-Griffin CDC Prevention Research Center  
Yale School of Public Health*

**Hilary Kessler Seligman, M.D., M.A.S.**

*Associate Professor of Medicine and of Epidemiology and Biostatistics  
University of California San Francisco*

**Mary Story, M.S., Ph.D.**

*Professor of Global Health, and Family Medicine and Community Health  
Associate Director for Academic Programs, Duke Global Health Institute*

**Parke Wilde, M.S., Ph.D.**

*Professor  
Tufts Friedman School of Nutrition Science and Policy*

**Cathie Woteki, M.S., Ph.D.**

*Professor of Food Science and Human Nutrition, Iowa State University  
Former Under Secretary of Agriculture for Research, Education, and Economics*

## STAFF

**Grace Flaherty**

*Research Scholar  
Tufts Friedman School of Nutrition Science and Policy*

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# Table of Contents

<b>5</b>	Introduction from the 50th Anniversary Conference Co-Chairs
<b>6</b>	Executive Summary
<b>8</b>	Honoring the Past
<b>11</b>	Key Federal Nutrition Policy Agendas in the Past 50 Years
<b>12</b>	America's Current Nutrition Crisis
<b>15</b>	Actions for the Future
	<i>I. Schools and Childcare Settings ... 16</i>
	<i>II. Supplemental Nutrition Assistance Program (SNAP) ... 17</i>
	<i>III. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ... 18</i>
	<i>IV. Food Environment ... 20</i>
	<i>V. Education and Information for the Public ... 21</i>
	<i>VI. Healthcare ... 22</i>
	<i>VII. Worksites ... 23</i>
	<i>VIII. Government Structure and Coordination ... 24</i>
	<i>IX. Sustainable Food Systems ... 24</i>
	<i>X. Business Innovation and Responsibility ... 25</i>
	<i>XI. Research and Discovery ... 26</i>
<b>28</b>	Acronyms
<b>29</b>	References
<b>33</b>	Appendix

# Introduction from the 50th Anniversary Conference Co-Chairs

The 1969 White House Conference on Food, Nutrition, and Health was a landmark event. Commissioned by President Nixon and chaired by Dr. Jean Mayer, the historic 1969 conference convened a diverse group of organizations and dedicated citizens to craft a bipartisan agenda for ending hunger and malnutrition in the U.S. The meeting itself, and the report that emerged as a result, had significant and lasting policy impacts: subsequent years saw the expansion of the Food Stamp Program and the National School Lunch Program, the creation of the School Breakfast Program and the Special Supplemental Nutrition Program for Women, Infants and Children, and the development of dietary guidelines, nutrition education, and standardized food labeling, including the Nutrition Facts label. Of the approximately 1,800 specific recommendations generated by the conference, an estimated 1,650 were later implemented.<sup>1</sup>

Based on these recommendations and corresponding federal actions, the U.S. made major strides in ameliorating the severe hunger and wasting present in the 1960s, especially in Appalachia and the southern states. Federal food programs that were implemented and expanded in the wake of the 1969 conference led to measurable health improvements among their beneficiaries.<sup>2-4</sup> As described in this anniversary [video](#), the 1969 White House conference was a crucial milestone and breakthrough addressing the most pressing food and nutrition problems of that time.

Today, a half century later, the U.S. faces a very different set of nutrition challenges: epidemics of diet-related obesity, diabetes, and other chronic diseases; widening disparities in food access and affordability; food insecurity; and tremendous stresses to the environment, including threats to soils, waterways, oceans, and climate. The burden of chronic illness reduces quality-of-life and life expectancy for millions of Americans, and results in healthcare costs that are placing unprecedented strain on the budgets of federal, state and local governments, businesses, and families. Overweight and obesity are threatening our national security by disqualifying young men and women from military service. Meanwhile, environmental degradation caused by global food production is exacerbating climate change and depleting natural resources.

To honor the 1969 White House conference, recognize the emergence of a new national crisis in nutrition, and discuss actions for the future [we convened](#) the 50<sup>th</sup> Anniversary Conference, which consisted of a series of events held in October 2019 in Boston and Washington, D.C. Although we could only aspire to be as broad and inclusive as the 1969 conference, we assembled 46 partner organizations to participate in these events and discuss the food and nutrition problems of today. This report presents policy recommendations inspired by these discussions, as well as action items drawn from the policy statements of partner organizations, as reviewed by our report workgroup.

The aim of the 50<sup>th</sup> Anniversary Conference and of this report is to renew the bipartisan spirit and vision of the 1969 event in engaging the great challenges and opportunities of food and nutrition for our time. We hope this report sparks a much broader dialogue about food systems and health, access and equity, and sustainability in the 2020s and beyond.

Signed,



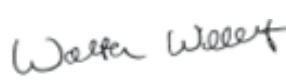
Dr. Frank Hu



Dr. Dariush Mozaffarian



Mr. Jerold Mande



Dr. Walter Willett

# Executive Summary

## THE 1969 WHITE HOUSE CONFERENCE ON FOOD, NUTRITION, AND HEALTH

The 1969 White House conference was a historic moment for food and nutrition policy in America. Responding to a national crisis of hunger and malnutrition, President Nixon commissioned the first, and still only, White House conference on nutrition. The conference, which was chaired by Dr. Jean Mayer, was historic in its bipartisanship, ambition, inclusivity, and impact. More than 3,000 attendees from all sectors and walks of life put forward 1,800 recommendations for improving national food policy. The 1969 meeting and the proposals it generated spurred major improvements and expansions of federal food programs, which led to significant reductions in hunger and nutrition-related diseases.

## 50<sup>TH</sup> ANNIVERSARY

Fifty years after the original White House conference, the U.S. faces a very different but equally urgent national crisis of nutrition, with added challenges of climate change and sustainability. While calorie malnutrition in the U.S. has been largely eradicated, changes to our food system accompanied by increasing economic inequality have created a crisis of diet-related obesity, diabetes, and other chronic diseases, and widened other disparities in the accessibility and affordability of nutritious foods. Another imperative – not addressed at the 1969 Conference but highly relevant today – is to feed a growing population healthfully and sustainably, without exacerbating climate change and depleting natural resources.

To honor the 50<sup>th</sup> anniversary of the 1969 conference, 46 organizations came together to form a Conference Partnership Circle in 2019. At meetings on October 3–4, 2019 in Boston and October 30, 2019 in Washington D.C., these organizations, together with students, academics, business leaders, advocates, and policymakers, gathered to discuss America's nutrition and sustainability challenges for the 21<sup>st</sup> century. To kick off these discussions, a keynote address from former U.S. Department of Agriculture undersecretary Cathie Woteki, together with a panel discussion by key participants from 1969, recounted the history and successes of the first White House conference (a historical video, accessible in an appendix to this report, was also produced for the event). Subsequent panel discussions and speakers took stock of current food and nutrition issues in the U.S. and proposed actionable solutions for improving diet and health and addressing food justice and sustainability (details of the meetings are provided in the appendix).

## POLICY RECOMMENDATIONS

Drawing from the meetings in Boston and Washington D.C., and from the policy priorities of the Conference Partnership Circle, a report workgroup compiled and reviewed policy recommendations across eleven policy domains: (1) schools and childhood settings; (2) the Supplemental Nutrition Assistance Program (SNAP); (3) the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); (4) the food environment; (5) education and information; (6) healthcare; (7) worksites; (8) government structure and coordination; (9) sustainable food systems; (10) business innovation and responsibility; and (11) research and discovery.

Tackling the current food and nutrition crisis requires changing the current toxic food environment and thus warrants an ambitious, bold, multi-sector, comprehensive national effort. No single

recommendation from this report offers a “silver bullet” for solving the diverse food and nutrition challenges that face our nation today. However, we have identified several priority recommendations that have the potential to deliver population-scale benefits and achieve a needed course change in Americans’ health and nutrition outlook:

**1. Leverage the power of U.S. Department of Agriculture (USDA) programs.**

USDA’s 15 nutrition assistance programs touch the lives of one out of four Americans each year, from infants to the elderly—with their \$100 billion annual budget, these programs can have broad health impacts. For example, recent research on two key federal programs, the National School Lunch Program and WIC, demonstrates that USDA nutrition policy can significantly improve diet quality and reduce obesity.<sup>77,82</sup> Small shifts to emphasize better nutrition in USDA programs, accompanied by adequate benefits and equal access, will lead to population-level health impacts.

**2. Utilize economic incentives.**

Taxes and subsidies are powerful levers for driving consumer behavior and demand toward healthier and more sustainable food and beverage choices. Strategies to increase the price of less healthy and sustainable foods and beverages, such as taxes in retail and restaurant settings, paired with subsidies to lower the price of healthy foods and beverages should be considered at all levels of government and in private settings.

**3. Protect children from harmful advertising and marketing.**

Despite repeated efforts to limit the marketing of unhealthy foods and beverages, children and adolescents continue to be subjected to an onslaught of targeted advertising for the unhealthiest products across all media platforms.<sup>5</sup> Regulating marketing to children and limiting favorable tax treatment for industry marketing of unhealthy foods and beverages are top priorities for stemming rising rates of childhood obesity.<sup>6</sup>

**4. Equip health professionals with effective nutrition interventions and better nutrition knowledge.**

With diet-related disease being the number one cause of poor health in America, nutrition should be among the top priorities in our healthcare system. Health providers need better nutrition training and effective, evidence-based nutrition interventions, tailored to specific populations, that can improve diet-related health outcomes and reduce healthcare costs.

**5. Align agriculture, health, and sustainability.**

U.S. agriculture has been spectacularly successful in feeding a growing population, but market forces have historically promoted foods and growing practices that are not in the interest of population health or planetary health. Better aligning U.S. agricultural investments with the *Dietary Guidelines for Americans* and with global sustainability goals through economic incentives for both consumers and farmers is crucial to slowing the rate of climate change and to making healthy, sustainably produced foods the most accessible, affordable, and convenient choices.

# Honoring the Past

## THE 1969 WHITE HOUSE CONFERENCE ON FOOD, NUTRITION, AND HEALTH

The 1969 White House conference was convened in response to a national recognition that hunger and malnutrition were causing tremendous suffering across the country and that meaningful actions could be taken to address this suffering. As journalists, citizen groups, scientists, and advocates raised awareness about the dire nutritional status of many Americans, the nation's political leaders resolved to create an informed, coordinated federal response.

In 1967, the U.S. Senate Committee on Labor's Subcommittee on Poverty held a hearing on hunger in America. Civil rights attorney Marion Wright testified to desolate conditions in poorer states like Mississippi and urged senators to visit and witness the hunger and poverty firsthand. Her testimony shocked the subcommittee and inspired Senators Robert F. Kennedy and Joseph Clark to travel to the Mississippi Delta to verify Wright's account.

Accompanied by Marion Wright, staff aides (including Peter Edelman), and members of the media, Senators Kennedy and Clark encountered dilapidated homes, empty pantries, and malnourished and wasting children covered in sores and bloated from hunger in their visit to Mississippi that year. Media coverage of the tour inspired a cascade of civil and political action to address hunger in a new national effort.

Physicians and scientists with expertise in nutrition, including Dr. Jean Mayer (a scientist at the Harvard School of Public Health who went on to become president of Tufts University and found the Friedman School of Nutrition Science & Policy), were dispatched to Mississippi to conduct a medical survey. The doctors diagnosed numerous cases of kwashiorkor, marasmus, rickets, and other diseases of severe malnutrition – shocking conditions that were thought to be found only in third world countries at that time.

In 1968, the Citizens Crusade Against Poverty, a nonprofit advocacy organization that was engaged in surveying the Delta as part of its civil rights activism, created a "Citizens' Board of Inquiry into Hunger and Malnutrition in the United States." The Board published its findings in April 1968 in a report titled *Hunger USA*.<sup>7</sup> Executives at CBS, moved by the report, sent reporters and photographers across the country to review and document the conditions outlined in the Citizens' Board report. In May 1968 as an influential documentary, *Hunger in America*, aired on prime time television and brought graphic images of starving children and their families into the living rooms of millions of Americans.<sup>8</sup>

That same year, a broad coalition of civic groups and workers' unions joined together to create a National Council on Hunger and Malnutrition in the United States, chaired by Dr. Mayer. The Council began providing evidence to Congress and advocating for meaningful federal action against hunger.<sup>9</sup>

In response, the U.S. Senate voted unanimously in July 1968 to create a Select Committee on Nutrition and Human Needs, to be chaired by Senator George McGovern and ranking member Senator Jacob Javits. Funding for the committee was authorized in February 1969, and hearings on hunger began with Dr. Mayer serving as the committee's first witness.

At the same time, hunger marches and sit-ins were occurring regularly in Washington D.C., the most significant being the Poor People's March on Washington, led by Martin Luther King, Jr. Dr. Mayer



noted the national attention on this issue, saying “fast action was obviously imperative, not only to take care of the hungry, but also to ensure ‘domestic tranquility.’”<sup>9</sup>

On May 6, 1969, President Nixon announced plans to convene a “White House Conference on food and nutrition” to advise him on “how the private food market might be used to improve the nutritional status of Americans, and how federal food programs could be improved.”<sup>10</sup> On June 11, Nixon appointed Dr. Mayer as Special Consultant to the President in charge of organizing the conference.

From June until November 1969, 26 panels and 8 task forces met to draft and review recommendations for addressing hunger and poverty in the U.S. The 475 individuals who served on these panels included experts from academia, medicine, industry, and agriculture. The 300 people who participated in the task forces represented nonprofit advocacy groups, women’s organizations, industrial and consumer trade groups, professional organizations, and religious dominations.

The official White House Conference convened on December 2, 1969, at the Sheraton Park Hotel in Washington D.C. President Nixon set the tone for the conference, declaring in his opening speech: “This meeting marks a historic milestone. What it does is to set the seal of urgency on our national commitment to put an end to hunger and malnutrition due to poverty in America.”<sup>10</sup>

More than 3,000 people attended the conference. The audience included academics, physicians, industry leaders, representatives of consumer organizations, healthcare representatives, agricultural and trade organizations, social action groups, and more than 400 of the poor themselves—white, black, Mexican-American, Puerto Rican, and Native American—all brought together to discuss recommendations that had been developed by the panels and task forces.

Over the course of three packed days, these attendees engaged in “intensive and constructive discussions” on how to solve the problem of hunger in America.<sup>10</sup> The results of these discussions were published in a report that contained 1,800 “specific, workable” policy recommendations addressing nutrition guidelines, nutrition education, nutrition surveillance, consumer issues, food distribution, and special recommendations for vulnerable groups.<sup>9,10</sup> Dr. Mayer delivered the report to President Nixon on December 24, 1969.



Senator Robert F. Kennedy on a tour of the Mississippi Delta in 1967.  
Source: *John F. Kennedy Presidential Library and Museum*



Senators Bob Dole (R-KS) and George McGovern (D-SD) lead the Senate Select Committee on Nutrition and Human Needs, 1980  
Source: *Robert J. Dole Institute of Politics Archive and Special Collections, University of Kansas*



**Dr. Jean Mayer (1920-1993)** was appointed by President Nixon to chair the 1969 White House Conference on Food, Nutrition, and Health. Dr. Mayer was a French-American scientist who advocated for using nutrition science to drive policies to fight hunger and malnutrition in the U.S. Dr. Mayer directed a laboratory at the Harvard School of Public Health for two decades that conducted path breaking research on the physiological bases of hunger and the metabolism of essential nutrients.

Dr. Mayer was appointed President of Tufts University in 1976 and led the university for 16 years, dramatically raising its impact and profile. Among his major accomplishments were the founding of the Tufts Institute of Nutrition, which soon became the Tufts School of Nutrition; and the USDA Human Nutrition Research Center on Aging at Tufts University.

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By the time of a follow-up conference two years after the original White House conference, an estimated 1,650 of the original 1,800 recommendations had been implemented in some form.<sup>1</sup> Together, these recommendations established the current national framework for addressing hunger in America. A key accomplishment was the expansion and harmonization of federal food assistance programs. In 1968, the Food Stamp program (now called SNAP) served 2 million Americans; by 1971, it served 11 million. Before the conference, the National School Lunch Program (NSLP) served 2 million children; by 1971, it served 8 million.

A specific recommendation concerning nutrition for high-risk pregnant women and infants resulted in the creation of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which was launched as a pilot in 1972 in Kentucky and was operating in 45 states by 1974. The School Breakfast Program, established as a pilot in 1966, became nationally available by 1975.

Other policies initiated as a result of recommendations from the 1969 White House conference included new consumer programs, such as unit pricing; federal nutrition and ingredient labeling (Nutrition Facts label); the Generally-Recognized-As-Safe (GRAS) ingredient classification to help ensure the safety of food additives and inform industry innovation;<sup>1</sup> and, in 1977, the first ever round of Dietary Goals for the American people, soon to become the *Dietary Guidelines for Americans* (DGAs), as established by the Senate Select Committee on Nutrition and Human Needs.<sup>11</sup> Since that time, the U.S. Department of Agriculture (USDA) and the U.S. Department of Health and Human Services (HHS) have published eight iterations of the DGAs (in 1980, 1985, 1990, 1995, 2000, 2005, 2010, and 2015), which have served as the basis for federal nutrition policy and programs, nutrition education, health promotion, and disease prevention initiatives.

In sum, the national policies and programs implemented after the 1969 White House conference spurred major reductions in hunger and its associated diseases. As Dr. Mayer observed 20 years

later, “in a united, bipartisan effort, the American people had directed Federal resources at a massive problem, and it had worked.”<sup>11</sup>

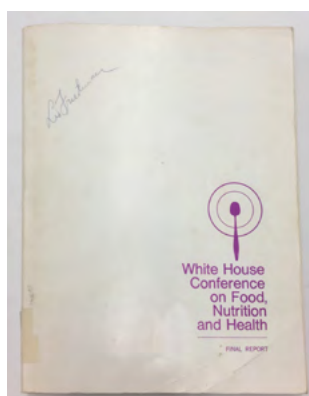
## KEY FEDERAL NUTRITION POLICY AGENDAS IN THE PAST 50 YEARS

The 1969 White House conference remains one of the few times in modern U.S. history that the federal government placed specific attention on food and nutrition issues to develop national policy priorities. Other food and nutrition convenings and policy agendas from the past 50 years, summarized below, are noteworthy, but, beyond First Lady Michelle Obama’s eight-year *Let’s Move!* Campaign, most have not had nearly the prominence nor the impact of the 1969 event.

In the decade following 1969, Dr. Mayer held several follow-up meetings to highlight resulting policy recommendations and monitor their implementation. Dr. Mayer also published articles marking the 20<sup>th</sup> anniversary of the conference.<sup>19</sup> In 2000, to mark the 30<sup>th</sup> anniversary of the White House conference, the USDA and HHS held a joint National Nutrition Summit in Washington, D.C. to highlight subsequent accomplishments in the areas of food, nutrition, and health and identify actionable priorities for the future.<sup>12</sup> The report from this event recommended creating supportive and healthy food environments; using multichannel, culturally relevant interventions; prioritizing obesity prevention in healthcare; researching interventions to change population behavior and assess their cost-effectiveness; coordinating federal agencies; establishing public-private partnerships, and developing national campaigns to target specific behavior changes.

In 2009, 40 years after the 1969 conference, First Lady Michelle Obama launched her *Let’s Move!* campaign. As ambitious as President Nixon’s goal to “end hunger in America,” *Let’s Move!* was aimed at “solving the problem of obesity within a generation.”<sup>13</sup> In addition, President Obama created the first-ever Task Force on Childhood Obesity in 2009 to develop a national plan for engaging the private and public sectors to improve children’s health, supported by the Partnership for a Healthier America.<sup>14</sup> The *Let’s Move!* campaign rivals the 1969 White House conference in its sustained focus over two terms of an administration; this campaign was also similar to the 1969 conference in its emphasis on coalition building and in its commitment to an agenda with an ambitious common goal—in this case, ending childhood obesity.<sup>15</sup>

Initiatives championed by First Lady Michelle Obama include the Healthy Lunchtime Challenge and Kid’s State Dinner, Drink Up, and the White House Kitchen Garden.<sup>16-18</sup> A number of policy changes were also introduced and implemented as a result of *Let’s Move!*: major improvements in school nutrition standards through the 2010 Healthy, Hunger-Free Kids Act (HHFKA); reform of SNAP-Education



Cover of the final report on the 1969 White House Conference. The report contained 1,800 recommendations addressing nutrition guidelines, nutrition education, nutrition surveillance, consumer issues, food distribution, and special recommendations for vulnerable groups.



Dr. Jean Mayer presents President Nixon with the three volume report on the 1969 White House Conference.

(SNAP-Ed) to focus on obesity prevention and include policy, systems, and environmental change; an updated Food and Drug Administration (FDA) Nutrition Facts label; mandatory labeling of calorie contents on menus at chain restaurants; FDA attempts to regulate front-of-package labels; FDA's voluntary sodium target guidelines; USDA's launch of MyPlate; and the reestablishment of the Interagency Committee on Human Nutrition Research (ICHNR), among other historic milestones for recognizing the importance of nutrition in the Affordable Care Act.

Agency-specific roadmaps to address nutrition and obesity from the past 50 years include: HHS's Healthy People Goals (2000, 2010, 2020),<sup>19</sup> the HHS Blueprint for Action on Breastfeeding (2000),<sup>20</sup> the 1988 Surgeon General's Report on Nutrition and Health,<sup>21</sup> the 2001 Call to Action to Prevent and Decrease Overweight and Obesity,<sup>22</sup> and the Strategic Plan for National Institutes of Health (NIH) Obesity Research (2011).<sup>23</sup> In 2014, Congress created a bipartisan National Commission on Hunger, which published recommendations for using existing USDA programs and funds to combat domestic hunger and food insecurity, where food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods and beverages because of insufficient money or other resources.<sup>24,25</sup> The Office of Technology Assessment (OTA) and the Government Accountability Office (GAO) have also published key reports on needed improvements in federal food programs.<sup>26-31</sup> The National Academy of Medicine and its forerunner, the Institute of Medicine, a private nonprofit institution, have issued many federally supported independent analyses, including the Dietary Reference Intakes (DRIs) and more than 100 other reports on topics ranging from food marketing to children to nutrition standards for school meals and revision of the WIC food packages.

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Coalitions and non-governmental organizations, meanwhile, have developed their own agendas for improving food and nutrition policy. Recent report examples include the 2017 *Blueprint for a National Food Strategy*, put out by the Harvard Law School's Food Law and Policy Clinic and the Vermont Law School's Center for Agriculture and Food Systems;<sup>32</sup> the Bipartisan Policy Center's 2018 SNAP Task Force report, which included recommendations for leveraging federal programs to improve nutrition;<sup>33</sup> the Institute of Medicine of the National Academies' 2015 *Framework for Assessing Effects of the Food System*;<sup>34</sup> and the *EAT-Lancet* Commission's 2019 scientific review of healthy diets from sustainable food systems.<sup>35</sup>

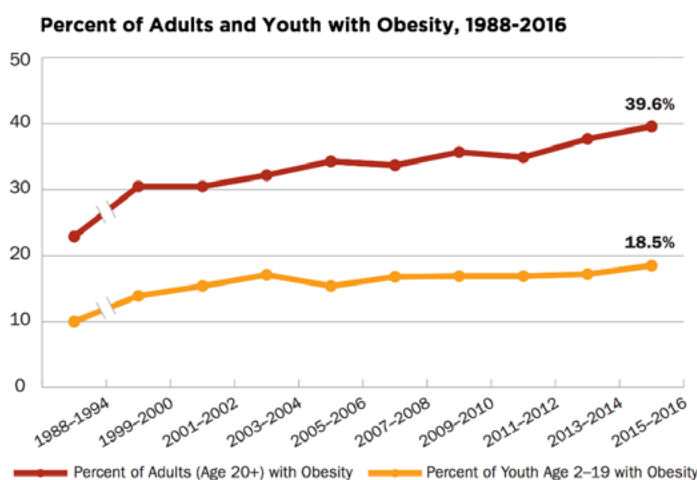
Relatively few of the policies and actions recommended in these reports have been implemented, however, and many important policy gains of the recent past (such as the HFFKA) are now vulnerable. Without the high-level political will and the coordinated, bipartisan congressional attention on food and nutrition issues that was present during the 1969 White House conference and *Let's Move!*, many key opportunities for further progress have languished.

## **AMERICA'S CURRENT NUTRITION CRISIS**

Fifty years after the original White House Conference on Food, Nutrition, and Health, the U.S. faces a very different national nutrition crisis, together with newer challenges of climate change and sustainability. While calorie malnutrition in America has been largely eradicated, changes to our food system

accompanied by persistent poverty and increasing economic inequality have created a crisis of diet-related obesity, diabetes, and other chronic diseases, and widened other disparities in the accessibility and affordability of nutritious foods. Not addressed at the 1969 conference but highly relevant today is the added challenge of feeding a growing population healthfully and sustainably and without exacerbating climate change and depleting natural resources.

Poor diet is now the leading cause of poor health in the U.S., causing more than half a million deaths per year.<sup>36</sup> The prevalence of obesity has risen sharply from 15% of adults and 5.5% of children in 1980 to 39.8% of adults and 18.5% of children in 2016. Nearly three in four (71.6%) American adults are either overweight or have obesity.<sup>37-40</sup> More than 100 million Americans – nearly half of all U.S. adults – suffer from diabetes or pre-diabetes, while one in three U.S. children born after 2000 is expected



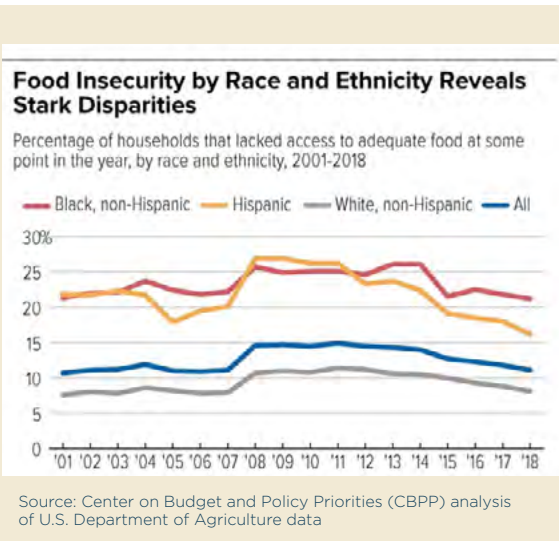
to develop Type 2 diabetes.<sup>41,42</sup> Cardiovascular disease afflicts about 122 million people and causes roughly 840,000 deaths each year, with rates of coronary heart disease and obesity-related cancers increasing among younger adults.<sup>43,44</sup> And, for the first time in American history, life expectancies are falling, with declines for three consecutive years due in part to significant increases in midlife mortality from diet-related diseases.<sup>45,46</sup>

Although hunger and poverty are by no means a problem of the past, severe malnutrition has largely been replaced with food insecurity – the limited or uncertain availability of nutritionally adequate and safe foods and beverages because of insufficient money or other resources.<sup>24</sup> In 2018, 14.3 million U.S. households experienced food insecurity, with 8.7 million of these households experiencing low food security (based on reports of reduced quality, variety, or desirability of diet with little to no indication of reduced food intake) and 5.6 million households experiencing very low food security (based on reports of multiple indications of disrupted eating patterns and reduced food intake).<sup>47,48</sup> The USDA spends about \$70 billion per year supporting food insecure individuals and families through the SNAP program. This critical program has been shown to reduce food insecurity,<sup>49</sup> improve child education and economic outcomes,<sup>50</sup> and reduce healthcare expenditures.<sup>51</sup> However, SNAP participants still experience disparities in diet quality when compared to food secure households and, in some studies, other income-eligible nonparticipants.<sup>52-56</sup>

Social, economic, and environmental injustice, including racism, poverty, and geographic isolation are

major underlying causes of food insecurity and poor diet quality as well as obesity and other diet-related chronic diseases. These conditions and disparities lead to a vicious intergenerational cycle of food insecurity and poor nutrition, obesity, poor health, lost productivity, increased health costs, and poverty for the most vulnerable Americans.

The economic costs of this new national nutrition crisis are staggering. Total U.S. healthcare expenditures have risen from 6.9% of gross domestic product (GDP) in 1970 to 17.9% in 2017.<sup>57,58</sup> These rising medical costs, dominated by diet-related chronic health conditions, are crushing government budgets and private business growth. Total direct healthcare and indirect economic costs for cardiovascular diseases are estimated at \$316 billion per year; for diabetes, at \$327 billion per year; and for all obesity-related conditions, at \$1.72 trillion per year.<sup>37,59</sup> These amounts dwarf the annual budgets of



many federal agencies, including the budgets of the Departments of Agriculture (\$140 billion), Education (\$72 billion), Homeland Security (\$52 billion), and Justice (\$28 billion), as well as the budgets of the National Institutes of Health (\$39 billion), Centers for Disease Control and Prevention (\$11 billion), Environmental Protection Agency (\$5.7 billion), and Food and Drug Administration (\$5.7 billion).

Healthcare costs are imperiling other priorities in federal and state budgets and in the economy as a whole. Healthcare spending rose from 5% of all federal spending in 1970 to 28% in 2018 and from 11.3% of state budgets in 1989 to 28.7% in 2016. For U.S. businesses, healthcare expenditures rose (in constant 2017 dollars) from \$79 billion in 1970 to \$1.18

trillion in 2017).<sup>58,60,61</sup> On a per capita basis, annual healthcare spending has increased from \$1,797 per person in 1970 to \$10,739 per person in 2017 (in constant 2017 dollars).<sup>58</sup> Research suggests that those with greater food insecurity shoulder significantly higher healthcare costs, as much as \$77.5 billion in additional expenditures annually.<sup>62</sup> These spiraling costs, which are driven by diet-related diseases and continue to rise, are crowding out other needed federal, state, and business investments, while also causing real wages to stagnate for many American workers.<sup>63</sup>

The current food and nutrition crisis also poses a severe threat to national security and U.S. military readiness. Mission: Readiness, a group of more than 700 retired general and admirals, has published several reports since 2010 documenting this threat.<sup>64-67</sup>

Today, 71% of young people between the ages of 17 and 24 do not qualify for military service, with obesity being the leading medical disqualifier.<sup>64</sup> Poor nutrition and diet-related diseases also strain the budgets of the Departments of Defense and Veterans Affairs.

America's food system has been largely successful, through advances in agricultural productivity, at feeding a growing population and contributing to the end of calorie malnutrition in the U.S. But agriculture faces growing environmental challenges and threats to long-term sustainability, including resource scarcity, loss of biodiversity, and soil degradation.<sup>68,69</sup> Climate change is warming the planet to dangerous levels and causing droughts, hurricanes, forest fires, and heat waves of increasing severity and unpredictability—it is also contributing to lower crop yields and creating new economic risks for farmers. In the U.S., current consumption patterns and market forces perpetuate the production of foods that have larger environmental impacts, in terms of greenhouse gas emissions, land use, water

use, and energy use, and that are not aligned with *Dietary Guidelines* goals.<sup>69-71</sup> At the same time, at least 31% of the food produced in the U.S. goes to waste on farms, during distribution, at the store, and in people’s homes.<sup>72</sup>

In summary, governments, businesses, farmers, and individuals all bear the health and environmental burdens of our food system—at massive expense. Globally, the externalities of our food system are estimated to total \$12 trillion, an amount greater than the entire food sector’s revenue.<sup>73</sup>

## ACTIONS FOR THE FUTURE



Food Environment Panel at 50th Anniversary White House Conference, Boston MA, October 4, 2019. From left to right: Greg Drescher, Dr. Sara Bleich, Dr. Marion Nestle, Dr. Norbert Wilson, Dr. Christina Economos

To mark the 50<sup>th</sup> anniversary of the first White House Conference on Food, Nutrition, and Health and—more importantly—to document, create multi-sectoral conversations around, and recommend future actions for addressing our current national crisis of nutrition and sustainability, more than 40 organizations partnered to hold events on October 3-4, 2019 in Boston and October 30, 2019 in Washington, D.C. (more detailed information about these events is provided in the appendix).

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**These policy actions—taken together and implemented across the food system—have the potential to create meaningful, positive impacts in terms of health, equity, and sustainability; reduced healthcare costs; and improved military readiness.**

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This section describes 60 recommendations across 11 domains—all aimed at achieving a healthier, more equitable, and more sustainable food system. These recommendations were drawn from discussions at the anniversary events and from the policy statements of members of the Conference Partnership Circle, and compiled and reviewed by a report workgroup. No single recommendation or action offers a “silver bullet” for solving the diverse food and nutrition challenges facing our nation today. Rather, these policy actions—taken together and implemented across the food system—have

the potential to create meaningful, positive impacts in terms of health, equity, and sustainability; reduced healthcare costs; and improved military readiness.

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## I. Schools and Childcare Settings

Early care and education (ECE) or childcare settings play a key role in ensuring that children get a healthy start and in supporting working parents. More than 60% of children ages 3-5 spend 30 or more hours each week in ECE settings.<sup>74</sup> Further, schools play a critical role in shaping lifelong eating habits, and participation in school meal programs is associated with better academic performance, reduced absences, and improved memory,<sup>75,76</sup> setting generations of children up for more successful and productive outcomes in the future. Our recommendations include several policy priorities for further strengthening and improving nutrition and equity in ECE and school settings.

- i. **Early care and education:** Protect and expand current nutrition standards in the USDA's Child and Adult Care Feeding Program, raise the reimbursement level for meals and snacks in line with current costs, and support greater uptake of the program in communities with low utilization. Make obesity prevention standards in the HHS Child Care and Development Block Grant Program mandatory instead of voluntary. Expand the HHS Early Head Start and Head Start programs to ensure that all at-risk infants and toddlers enter school ready to learn and succeed.
- ii. **School meal nutrition standards:** Restore and further strengthen the successful 2012 nutrition standards for the National School Lunch and School Breakfast Programs, including strong standards with respect to fruit and vegetable, sodium, and whole grain content and reduced levels of added sugars and refined grains.<sup>77</sup>
- iii. **Marketing and branded foods:** Restrict the marketing and advertising of unhealthy\* foods and beverages in schools and institutions of higher learning, including sponsorships and branded foods that are individually packaged and reformulated to meet Smart Snacks standards, but that do not meet standards for nutrients of concern for school meals when sold on grocery-store shelves.
- iv. **Fresh Fruit & Vegetable Program:** Expand this USDA program, which is currently offered only to elementary schools, to middle schools and high schools, and expand the number of schools that are eligible to participate (eligibility is currently restricted to those schools with the highest percent of children who qualify for free and reduced-price meals).
- v. **Federal reimbursement and eligibility:** Raise the school-meal reimbursement rate for all schools to provide more flexibility to cook from scratch and use healthier ingredients. Protect and expand categorical eligibility, including community eligibility to allow schools in high poverty areas to reach more children with free breakfast and lunch while also reducing administrative costs.

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\* The terms "healthy foods" and "unhealthy foods" are used for brevity throughout the policy recommendations. Healthy foods are those that align with the *Dietary Guidelines for Americans* and are consistent with healthy eating patterns that have been associated with positive health outcomes, including fruits, vegetables, nuts, beans, minimally processed whole grains, plant oils, and fish. Unhealthy foods are those that have been shown to be associated with preventable disease, including sugar-sweetened beverages, processed meats, junk foods, and other foods high in calories, refined grains, added sugars, and salt.



- vi. **Kitchen facilities and culinary techniques:** Increase funding for USDA's Equipment Assistance Grant Program so more childcare providers and schools can update their facilities and equipment and increase their capacity to prepare nutritious meals. Establish a pilot program utilizing chefs in schools to ensure that healthy options are delicious and appealing to all age groups, and evaluate the program's success in terms of increased participation and reduced plate waste.
  - vii. **Nutrition education:** Increase mandatory funding and expand access for the USDA Farm to School Grant Program and the Centers for Disease Control and Prevention's (CDC's) Farm to Early Care and Education Program, prioritizing grantees that combine a nutrition education curriculum with hands-on learning in the classroom and in school gardens.
  - viii. **Summer Food Service Program:** Strengthen nutrition standards for USDA's Summer Food Service Program in line with HHFKA guidelines; increase program participation, especially among hard-to-reach rural populations; and conduct a pilot program that allows parents to receive summer meals with their children using their SNAP Electronic Benefit Transfer (EBT card).
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## II. Supplemental Nutrition Assistance Program (SNAP)

As the nation's largest federal food and nutrition program, SNAP provides a critical safety net for about 40 million individuals living below the federal poverty level each month. Better leveraging of this \$68-billion annual program can not only reduce food insecurity but, by improving nutrition and health, also reduce disparities and associated healthcare costs. Our policy recommendations include several priorities for strengthening the SNAP program; improving access, participant satisfaction, food security, diet quality, and health; and reducing healthcare costs.

- i. **Access and participation:** Increase SNAP participation among the 15% of income-eligible individuals and families who do not participate.<sup>78</sup> Reduce barriers to participation for eligible college students by educating students about these benefits on campuses and by reducing work requirements.
- ii. **Program structure and benefits:** Protect the structure and funding of this critical program for the millions of Americans who struggle with food insecurity. SNAP benefits should be updated and increased to ensure that low-income individuals, college students, and families can be food secure and meet DGA goals, taking into account the time and opportunity cost of shopping and preparing meals.
- iii. **Diet quality:** Make diet quality a congressionally mandated third core objective, commensurate with SNAP's other current core objectives of food security and fiscal integrity; update the USDA Food Plans to create a Thrifty Food Plan that improves SNAP diet quality; and create a deputy administrator for nutrition within the USDA's Food and Nutrition Service (FNS) to ensure nutrition is at the forefront of all USDA food assistance programs.
- iv. **Pilots and innovation programs:** Implement, evaluate, and scale as appropriate innovative programs, including the Gus Schumacher Nutrition Incentive Program (GusNIP); new, USDA-supported pilots and waivers that evaluate other ways to better support healthy eating (e.g., healthy retail approaches, healthy food incentives combined with disincentives



or restrictions for unhealthy foods); alternative benefit disbursement schedules (i.e., weekly or bi-monthly); and alternative delivery mechanisms (e.g., online, home delivery).

v. **SNAP-Education:** Create a robust SNAP-Ed infrastructure, similar to SNAP Employment and Training (SNAP E&T) and GusNIP, to support the implementation and evaluation of SNAP-Ed, including administrative support, state training and technical assistance, and testing of new SNAP-Ed interventions (especially policy and systems changes, and environmental supports) using SNAP pilot authority.

vi. **Retailer standards and data:** Update USDA retailer incentives and stocking standards to increase the availability and encourage the purchase of healthy foods. Study the feasibility of evidence-based product placement strategies and restrictions on the marketing of unhealthy products, such as energy drinks and sugary beverages, to SNAP recipients. Encourage private-public partnerships around the sharing of retailer data in ways that protect participant and retailer information while also allowing for rigorous evaluation to identify evidence-based strategies for strengthening SNAP's public health impacts.

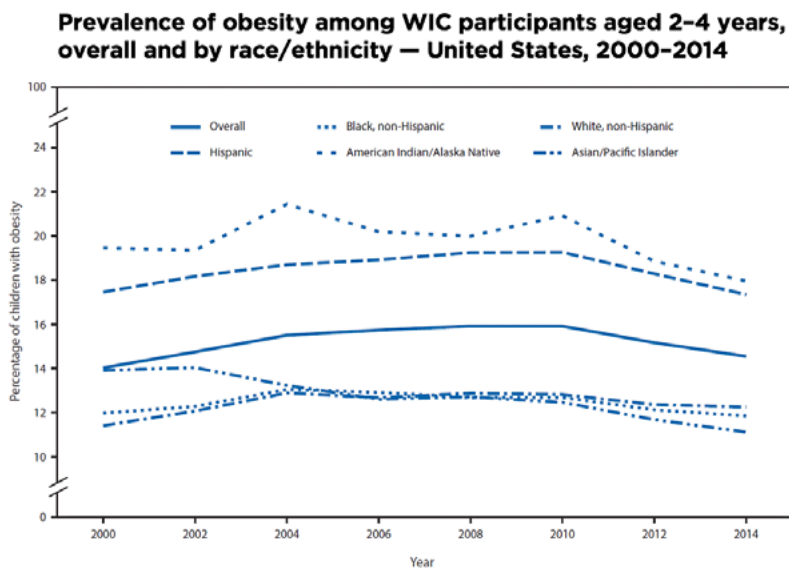
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### III. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The WIC program serves roughly 6.9 million women, infants, and children living below the federal poverty level. Poor nutrition in gestation, infancy, and early childhood can cause long-term damage to health and development, setting the stage for obesity, Type 2 diabetes, and other chronic diseases. Extensive research shows that WIC supports the health of infants and their mothers, more than doubling its return on investment through healthcare savings; for example, recent studies show significant reductions in the prevalence of obesity among WIC beneficiaries ages 2-4.<sup>79-82</sup> Our recommendations include several policy priorities for strengthening and improving the WIC program:

i. **Breastfeeding:** Support breastfeeding among postpartum women by expanding investment in the Breastfeeding Peer Counselor Program, providing funding for breastfeeding supplies, and allowing for the purchase of banked donor milk.<sup>83</sup>

ii. **Food package:** Support the evidence-based, WIC food package standards and increase the quantity of whole fruits and vegetables in food packages, including shifting away from fruit juice and toward whole fruit.<sup>83</sup>



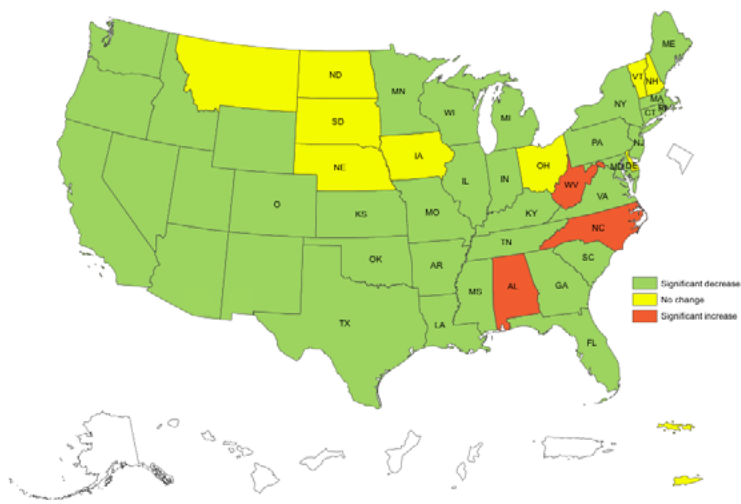
Source: Pan L, Freedman DS, Sharma AJ, et al. (2016)

iii. **Nutrition education:** Support and expand WIC Nutrition Education as a successful component of early childhood health and development and continuing care for new mothers, including expanding education on feeding practices, sleep, screen time, and sugary beverage consumption.

iv. **Eligibility and certification:** Extend postpartum eligibility for mothers from six months to two years, and extend eligibility for children by one year, until their sixth birthday, to ensure that no child slips through the nutrition gap between WIC and the National School Lunch and School Breakfast program. Explore opportunities to streamline participant access by extending certification periods to two years.

v. **Technology and evaluation:** Invest in improvements to information systems and technology to better serve WIC participants including through online resources, texting, telehealth options, and app tools to support breast-feeding and nutrition education, and to enhance the clinic and shopping experience. Pilot new delivery approaches such as online purchasing. Continue to support efforts to improve program evaluation, including through data collection, research, and innovation.

**Changes in obesity prevalence among children aged 2–4 years enrolled in WIC, by state or territory agency — United States, 2000–2016**



Source: Pan L, Blanck HM, Park S, et al. (2019)

#### IV. Food Environment

Multi-faceted changes to the food environment are necessary to improve the accessibility, affordability, and nutritional quality of foods on the market. Our recommendations include several policy priorities for improving the food environment.

- i. **Ingredients:** Reduce harmful food ingredients in packaged foods, including excessive amounts of added sugars, refined grains, saturated fat, and sodium. This can be done through targets (specifically mandatory targets for sodium,<sup>84</sup> which are set by the FDA), industry agreements, and changes to the levels of use that are “generally recognized as safe” (GRAS).
- ii. **Economic incentives:** Utilize city, state, tribal, and federal tax strategies to increase the price of less healthful and less sustainable foods and beverages in retail and restaurant settings, and pair these taxation strategies with subsidy strategies to lower prices for healthy foods.
- iii. **Retail food:** Use legal strategies and incentives, such as contractual limitations, licensing, economic development incentives, Energy Star credits, and other tax and zoning laws to improve food and beverage offerings in retail environments including supermarkets, grocery stores, corner stores, and convenience stores. Policies should aim to reduce the marketing of unhealthy foods and beverages, increase the depth of stock refrigerator and freezer options for perishable foods, and prioritize the placement and promotion of healthy products.
- iv. **Restaurant meals:** Educate and incentivize restaurants—from quick serve to full service restaurants—to increase their offerings of appropriately sized healthy options on menus, reduce value-based pricing, and follow strong, shared voluntary or mandatory industry targets that shift default menu choices toward healthier food and beverage options for both adults and children. such as swapping default sugar-sweetened beverages for water and plain milk.

The FDA should continue to implement menu labeling as a successful strategy for encouraging restaurants to reformulate their offerings.

v. **Access:** Leverage federal incentives (e.g., Opportunity Zones) and restore or expand funding to other programs (e.g., Racial and Ethnic Approaches to Community Health or REACH) to support efforts in low-income and other marginalized communities to improve the availability, affordability, and accessibility of healthy foods. Improve nutrition standards in community venues (e.g., childcare settings, schools, worksites, parks and recreation centers, clinics, etc.) and create new business opportunities, especially in low-resource communities, for community members to create a healthier and more equitable food environment.

## V. Education and Information for the Public

Despite advances in nutrition science, many consumers are confused about what to eat. This is due in large part to the abundance of conflicting, misleading, and often false messages in the media, in advertisements, and on food packaging. Our recommendations include several policy priorities for raising awareness about the importance of food and nutrition and reducing consumer confusion through education and information.

i. **Media campaigns and education to promote healthy diet patterns:** Fund sustained, focused, science-based, and culturally-appropriate media campaigns and educational programs to encourage the consumption of healthy foods and beverages and reduce the consumption of specific unhealthy foods and beverages. In addition, educate consumers about the environmental impacts of food and beverage choices.

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ii. **Front-of-package nutrition labels:** Add an effective, consumer-friendly, evidence-based front-of-package (FOP) label that links to the Nutrition Facts label and ingredient list as a way to encourage healthier food and beverage choices and prompt the reformulation of food products to meet DGA goals. FOP label information could include top three ingredients, type and number of additional ingredients, carbohydrate quality, fat quality, and mineral quality (e.g., potassium-to-sodium ratio). Consider growing evidence from countries such as Chile that strong FOP labeling results in significant improvements in purchasing patterns, product reformulation, and the nutritional quality of new products.

iii. **Packaged food ingredient list:** Update ingredient lists to have the same easy-to-read formatting used in the Nutrition Facts label. Additional labeling changes should include aggregating sugars, refined grains, and non-nutritive sweeteners; listing food colors by individual common names; using simple vitamin letter names; clarifying whole grain content; and adding additional precautionary allergen labeling (e.g., sesame).

iv. **Marketing to children:** Strengthen existing policies and enact new limits on the marketing of unhealthy foods and beverages, in all forms of media, to children under age 12, including advertising targeted to children of color. Marketing restrictions should be based on specific nutrition criteria (e.g., sodium, fat quality, added sugars, refined grains). In addition, industry's ability to claim tax credits for the marketing of unhealthy foods should be limited.

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## VI. Healthcare

Poor quality diets are the number one cause of poor health and a leading driver of rising healthcare costs, yet the U.S. healthcare system places little to no emphasis on nutrition. Our recommendations include several policy priorities for integrating nutrition in the provision of healthcare.

i. **Nutrition interventions for healthcare providers who practice under risk-sharing models:** Equip healthcare providers, who are under pressure to reduce healthcare costs as part of risk sharing agreements such as Accountable Care Organizations (ACOs), with a set of effective individual and community nutrition interventions that they can employ to reliably improve diet-related health outcomes while bringing down healthcare costs.

ii. **Healthier hospitals:** Incentivize hospitals to adopt healthy and environmentally sustainable policies for food and beverage procurement and vending. For example, adoption of the voluntary Food Service Guidelines (FSGs) for Federal Facilities offers a way for hospitals to promote the health of employees, patients, and the communities they serve.<sup>85</sup>

iii. **"Produce Rx" Programs:** Offer clinician-provided prescriptions for free or discounted healthy foods that can be redeemed in healthcare settings and through retail grocers, farmers' markets, and Community Supported Agriculture (CSA) programs. This innovative approach has been piloted through Medicare and Medicaid and GusNIP research grants.

iv. **Medically tailored meals:** Provide medically tailored nutritious meals, including through Medicare and Medicaid pilot programs, to high-risk, food-insecure patients with complex chronic conditions and limited capacity and social support to prepare meals for themselves.

v. **Anchor Institutions – Community benefit provision:** Leverage nonprofit hospital community needs assessments required by the Affordable Care Act and community benefits programs to create healthcare and nutrition synergies, including using community benefit to

support nutrition programs like summer meals, farmers markets, senior nutrition programs, and community nutrition education.

vi. **Nutrition education for healthcare providers:** Educate physicians and other allied healthcare providers on food and nutrition and related behavior change strategies by adding nutrition to medical and allied curricula. Incentives and requirements—for example, on schools that are funded through federal dollars—can be used to promote this change. Encourage external accrediting organizations and states to further support this effort through national reform of medical licensing exams, specialty certification exams, and continuing medical education requirements.

vii. **Nutrition in Electronic Health Records:** Integrate standardized clinical and mobile assessments of diet quality and food insecurity into Electronic Health Records and Fast Healthcare Interoperability Resources to facilitate the evaluation and tracking of nutrition in patient assessments, treatment plans, new health system and community interventions, performance standards, and reimbursement for nutrition services through Medicaid.

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## VII. Worksites

More than 158 million Americans spend an average of 7.6 hours each weekday at their place of employment.<sup>86,87</sup> Workplace interventions that leverage technology and the built environment, together with behavioral design strategies to motivate lifestyle changes, can improve workplace productivity, lower employer healthcare costs, and increase economic competitiveness. Our recommendations include several policy priorities aimed at maximizing worksites for wellness.

i. **Wellness platforms:** Incentivize employers to offer (e.g., through tax strategies) evidence-based, multicomponent wellness programs that include a strong nutritional focus, potentially with support from trained medical professionals (e.g. registered dietitian nutritionists). In addition, compile and share best practices from businesses that are already implementing successful programs.

ii. **Procurement standards:** Implement the 2017 Food Service Guidelines (FSGs) for Federal Facilities<sup>85</sup> across all federal, state, and local government facilities, and hospitals. Encourage adoption of FSGs within the private and nonprofit sectors to increase healthy food offerings, food safety, environmental stewardship, local procurement, and behavioral design strategies and to bolster demand for healthy foods and beverages.

iii. **Employee incentives:** Make healthy food and beverage purchases more affordable, at work and/or outside work, for example by integrating point-of-sale discounts or rewards into wellness platforms. Incentives should be carefully designed to avoid penalizing individuals who have chronic conditions or who are pursuing a nutrition plan developed with trained health professionals.

iv. **Culinary techniques:** Make sure that healthier food options are delicious food options by utilizing culinary arts in workplace cafeterias and food services (e.g., by employing chefs trained through programs such as the Culinary Institute of America's Menu of Change program).

v. **Built-environment nudges:** Use behavioral design strategies in worksite cafeterias to promote healthier choices, such as by changing default menu options, removing trays, and

offering healthier items first in buffets. These and other options are recommended in the FSGs for Federal Facilities<sup>85</sup> and in the Fitwel healthy building amenity certification.<sup>88</sup>

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## VIII. Government Structure and Coordination

There is tremendous untapped potential for increasing efficiency and maximizing impact through better coordination of federal programs that deal with nutrition and health. Our recommendations include several policy priorities for improving the structure and coordination of federal nutrition programs.

- i. **Federal leadership:** Create a new senior executive branch position or structure that oversees, coordinates, harmonizes, and reports to the President, the Cabinet, and Congress on food and health, equity, and sustainability issues across diverse agencies and programs including Agriculture, Defense, Education, and HHS (including the CDC, CMS, FDA, and NIH).
  - ii. **Food assistance programs and Medicaid in states:** Coordinate federal and state food assistance programs (e.g., school meals, SNAP, WIC, CACFP) with Medicaid to improve nutrition and diet-related health outcomes, including through coordination and integration of state agencies and programs (i.e., joint program enrollment, particularly SNAP and Medicaid), and by working across congressional agriculture and health committees to achieve shared goals.
  - iii. **State Nutrition Action Committee (SNAC) program:** Strengthen the USDA's SNAC program so that all states have active committees to coordinate USDA food assistance programs, ACA community benefits, wellness, and other food and nutrition programs.
  - iv. **State Physical Activity and Nutrition (SPAN):** Increase the CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) budget so that CDC can award every state a SPAN grant for use on nutrition improvement and obesity prevention.
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## IX. Sustainable Food Systems

Our recommendations include several policy priorities for better aligning agricultural investment with the DGAs and global sustainability goals, while also bolstering the viability and success of American food producers.

- i. **Draw down emissions:** Take advantage of agriculture-based opportunities to remove carbon from the atmosphere by integrating agricultural policy into a new broad federal strategy that utilizes economic incentives (e.g., a cap-and-trade program) to incentivize foods and production systems with lower carbon and methane emissions, implement actions that sequester carbon, such as agroecology and agroforestry, and incorporate dual-use energy systems that incorporate livestock or crops and renewable energy.
- ii. **Conservation programs:** Increase funding for USDA working lands stewardship programs (i.e., the Conservation Stewardship Program and the Environmental Quality Incentives Program) to help farmers implement conservation practices that protect drinking water, regenerate soil, build soil organic matter, and diversify crops while improving agricultural yields. In addition, increase funding for farmland preservation and land retirement programs (e.g.,



the Agriculture Conservation Easement Program, Conservation Reserve Program) to protect agricultural lands and encourage farmers to remove environmentally sensitive land from production and plant resource-conserving land cover.

iii. **Crop insurance reforms:** Reform crop insurance to maintain this critical safety net for farmers while further bolstering specialty crops and increasing incentives for soil-building and regenerative agriculture practices that boost farm resilience and improve nitrogen efficiency, especially cover crops

iv. **Agricultural checkoffs:** Reform USDA's agricultural checkoff programs to promote equal opportunity among producers, increase transparency, prohibit conflicts of interest and anti-competitive practices, and bring messaging more in line with the DGAs.

v. **Public plant breeding:** Increase funding and institutional capacity for public breeding and cultivar development programs to protect agricultural biodiversity and resilience.

vi. **Food workers:** Ensure that workers throughout the food system – who often have low wages and few benefits, and who often face unsafe working conditions, discrimination, and food insecurity (at a rate twice the national rate)<sup>89</sup> – can access safe and healthy food. Actions in support of this priority include raising minimum wages, protecting the right to organize, and expanding protections in the Fair Labor Standards Act (FLSA) to cover all workers.

vii. **Food waste:** Reduce food waste by standardizing date labels to better educate consumers to reduce household food waste; supporting innovative solutions in the nonprofit and private sectors to improve post-harvest infrastructure, transport, and processing and packing; training and equipping producers, retailers, and restaurants to implement best practices for reducing food waste; increasing tax incentives and providing stronger guidance for healthy food donations, including donations by farmers, and other food recovery strategies.



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## X. Business Innovation and Responsibility

Improving the health, sustainability, and equity of the food system will not be possible without engaging the private sector, which must be part of the solution. Our recommendations include several policy priorities for supporting business innovation and incentivizing companies to tackle our national nutrition crisis.

- i. **Innovation incentives:** Institute tax policies and other economic incentives across sectors (agriculture, retail, manufacturing, restaurant, healthcare, wellness) for the development, marketing, and sale of healthier, more accessible, and more sustainable foods and beverages.
- ii. **Opportunity zones:** Expand and encourage opportunity zone incentives focused on food, nutrition, and wellness investments to improve equity and reduce disparities.
- iii. **B corporations:** Encourage and highlight B-corporation status (used to designate companies with high standards of verified social and environmental performance, public transparency, and legal accountability to balance profit and purpose) across agriculture, retail, manufacturing, restaurant, healthcare, and wellness sectors to recognize and reward companies that have integrated major social and environmental priorities for health, food justice, and sustainability.
- iv. **Mission-driven investment vehicles:** Encourage and convene investment vehicles that focus on food and nutrition-related companies centered on health, equity, and sustainability. Provide small, micro-loan opportunities for underserved groups through credit union innovations.
- v. **National entrepreneurship:** Develop and support a national strategy to build an ecosystem of evidence-based, mission-oriented innovation for a healthier, more equitable, and more sustainable food system.

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## XI. Research and Discovery

Modern nutrition science is a young but rapidly growing field. In the past, most nutrition research focused on micronutrients and their role in deficiency diseases.<sup>90</sup> Emerging priorities for future nutrition research include optimal diets for disease prevention and longevity; the relationship between gut microbiomes and health; dietary needs for high-risk populations, such as pregnant and lactating women and infants 0-24 months old; effective behavior change and systems approaches for healthier eating; dissemination and implementation science; sustainable food systems, especially agroecological approaches; and the powerful influences of place and income on access to affordable, healthy food and on nutrition and disease disparities. Advances in these areas will be possible only through robust, well-funded, coordinated nutrition research. Accordingly, our recommendations include several policy priorities for strengthening coordinated federal nutrition research.

- i. **Strengthen and protect existing federal research:** Ensure robust funding and independence of the federal agencies and centers that are conducting nutrition research that aligns with the ICHNR National Nutrition Research Roadmap. This includes but is not limited to efforts at the NIH, USDA Economic Research Service (ERS), National Institute of Food and

Agriculture (NIFA), the USDA University Human Nutrition Research Centers (HNRC), the CDC's practice-based policy and environmental research through the Prevention Research Centers (PRCs), and the Department of Defense, among others. Increase support for independent, investigator-driven research to address myriad unanswered and emerging questions in nutrition science and ensure that grant review sections include multiple experts in the design, conduct, and analysis of nutritional studies. Include federal funding to update the Dietary Reference Intakes on a regular basis using the chronic disease endpoints framework and more effectively address research needs put forth in the Dietary Guidelines Scientific Advisory reports.

ii. **Federal nutrition funding, leadership, and coordination:** Provide support for a new, coordinated federal nutrition research effort and authority. This should include strong leadership, strategy, coordination, and new funding to address major nutrition science research questions at the federal level in a way that is complementary to and synergistic with existing research across federal departments and agencies.

iii. **National Nutrition Monitoring System (NNMS):** Update the National Nutrition Monitoring and Related Research Act of 1990 and provide funding for nutrition monitoring to key agencies, including but not limited to the CDC (NCHS, NCCDPHP) and USDA. In addition, require NNMS agencies to collect regular surveillance and monitoring data on national, state, and local nutrition policies (e.g., child care licensing, school wellness policies, food service guidelines), nutrition environment measures (e.g., child care nutrition practices, school vending, food service venue audits, sales, food marketing), and behavioral data (e.g., NSCH, YRBS, BRFSS, NHANES). These data should be provided to the Deputy Director of the Office of Science and Technology Policy (OSTP) for Food and Nutrition.

iv. **Evidence-based, mission-oriented private-sector innovation:** Create new policies to stimulate and reward private-sector innovation in food and nutrition, including public-private partnerships that are science-driven, transparent, and focused on increasing health, equity, and sustainability.

## Acronyms

<b>ACO</b>	Accountable Care Organization
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CACFP</b>	Child and Adult Care Feeding Program
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CMS</b>	Centers for Medicare and Medicaid Services
<b>CSA</b>	Community Supported Agriculture
<b>DGA</b>	Dietary Reference Intake
<b>DGAs</b>	<i>Dietary Guidelines for Americans</i>
<b>DNPAO</b>	Division of Nutrition, Physical Activity and Obesity
<b>EBT</b>	Electronic benefit transfer
<b>ECE</b>	Early care and education
<b>ERS</b>	Economic Research Service
<b>FDA</b>	United States Food and Drug Administration
<b>FLSA</b>	Fair Labor Standards Act
<b>FNS</b>	Food and Nutrition Service
<b>FOP</b>	Front-of-package
<b>FSG</b>	Food Service Guideline
<b>GAO</b>	Government Accountability Office
<b>GDP</b>	Gross Domestic Product
<b>GRAS</b>	Generally-Recognized-As-Safe
<b>GusNIP</b>	Gus Schumacher Nutrition Incentive Program
<b>HHFKA</b>	Healthy, Hunger-Free Kids Act
<b>HHS</b>	United States Department of Health and Human Services
<b>HNRC</b>	University Human Nutrition Research Centers
<b>ICHNR</b>	Interagency Committee on Human Nutrition Research
<b>NCCDPHP</b>	National Center for Chronic Disease Prevention and Health Promotion
<b>NCHS</b>	National Center for Health Statistics
<b>NHANES</b>	National Health and Nutrition Examination Survey
<b>NIFA</b>	Nutrition Institute of Food and Agriculture
<b>NIH</b>	National Institutes of Health
<b>NNMS</b>	National Nutrition Monitoring System
<b>NSCH</b>	National Survey of Children's Health
<b>NSLP</b>	National School Lunch Program
<b>OSTP</b>	Office of Science and Technology Policy
<b>OTA</b>	Office of Technology Assessment
<b>PRC</b>	Prevention Research Center
<b>REACH</b>	Racial and Ethnic Approaches to Community Health
<b>SNAC</b>	State Nutrition Action Committee
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SNAP E&amp;T</b>	SNAP Employment and Training
<b>SNAP-Ed</b>	SNAP Education
<b>USDA</b>	United States Department of Agriculture
<b>WIC</b>	Special Supplemental Nutrition Program for Women, Infants, and Children
<b>YRBS</b>	Youth Risk Behavior Surveillance System

## References

1. Goldberg J, Mayer J. The White House Conference on Food, Nutrition and Health Twenty Years Later: Where Are We Now? *Journal of Nutrition Education*. 1990;22(1):47-50.
2. Kotz N. *Hunger in America: The Federal Response*. New York: Field Foundation; 1979.
3. Allen-Smith JE, Gadson KE. *Nutrient consumption patterns of low-income households*. Washington, DC, Springfield, VA: U.S. Department of Agriculture; 1983.
4. Kotelchuck M, Schwartz JB, Anderka MT, Finison KS. WIC participation and pregnancy outcomes: Massachusetts Statewide Evaluation Project. *Am J Public Health*. 1984;74(10):1086-1092.
5. Frazier WC, Harris JL. *Trends in Television Food Advertising to Young People: 2017 Update*. UConn Rudd Center for Food Policy & Obesity; May 2018.
6. Gortmaker SL, Wang YC, Long MW, Giles CM. Three Interventions That Reduce Childhood Obesity Are Projected To Save More Than They Cost To Implement. *Health Affairs*. 2015;34(11):1932-1939.
7. Citizen's Board of Inquiry into Hunger and Malnutrition in the United States. *Hunger USA: A Report by the Citizens Board of Inquiry into Hunger and Malnutrition in the United States*. Beacon Press; 1968.
8. CBS Documentary: Hunger in America. May 21, 1968.
9. Mayer J. Nutritional Problems in the United States: Then and Now Two Decades Later. *Nutrition Today*. 1990 (January/February):15-19.
10. *White House Conference on Food, Nutrition, and Health: Final Report*. Washington, DC: The Conference; 1970.
11. Select Committee on Nutrition and Human Needs, U.S. Senate. *Dietary Goals for the United States, 2nd ed*. Washington, DC: U.S. Government Printing Office; 1977.
12. Stockmyer C, Kuester S, Ramsey D, Dietz WH. National Nutrition Summit, May 30, 2000: Results of the Obesity Discussion Groups. *Obesity Research*. 2001;9(S4):41S-52S.
13. Let's Move! America's Move to Raise a Healthier Generation of Kids. 2017; <https://letsmove.obamawhitehouse.archives.gov/about>. Accessed December 20, 2019.
14. White House Task Force on Childhood Obesity Report to the President: Solving the problem of childhood obesity within a generation. 2010.
15. Evich HB, Samuelsohn D. The great FLOTUS food fight. *The Agenda*. 2016. <https://www.politico.com/agenda/story/2016/03/michelle-obama-healthy-eating-school-lunch-food-policy-000066>.
16. Kid's State Dinner Timeline. <https://www.whitehousehistory.org/press-room-old/kids-state-dinner>. Accessed December 20, 2019.
17. The White House Kitchen Garden. 2017; <https://letsmove.obamawhitehouse.archives.gov/gardening-guide>. Accessed December 20, 2019.
18. About Drink Up. <https://www.ahealthieramerica.org/articles/about-drink-up-260>. Accessed December 20, 2019.
19. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People. [healthypeople.gov](http://healthypeople.gov). Accessed October 14, 2019.
20. Satcher DS. DHHS Blueprint for Action on Breastfeeding. Washington, DC. *Public Health Reports*. 2001;122(6):1263-1270.
21. U.S. Department of Health and Human Services, Public Health Service. *The Surgeon General's Report on Nutrition and Health*. Washington, DC. 1988.
22. U.S. Office of the Surgeon General, Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, National Institutes of Health. *The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. Rockville, MD; 2001.
23. U.S. Department of Health and Human Services, National Institute of Diabetes and Digestive and Kidney Diseases. *Strategic Plan for NIH Obesity Research*. March 2011.
24. Anderson SA. Core indicators of nutritional state for difficult-to-sample populations. *J Nutr*.

- 1990;120 Suppl 11:1559-1600.
25. National Commission on Hunger. *Freedom from Hunger: An Achievable Goal for the United States of America*. 2015.
  26. U.S. Government Accountability Office. *USDA Actions Needed to Assess Effectiveness, Coordinate Programs, and Leverage Expertise*. Washington DC; 2019.
  27. U.S. Government Accountability Office. *FDA Needs to Better Leverage Resources, Improve Oversight, and Effectively Use Available Data to Help Consumers Select Healthy Foods*. Washington DC; 2008.
  28. U.S. Government Accountability Office. *Options for Delivering Financial Incentives to Participants for Purchasing Targeted Foods*. Washington DC; 2008.
  29. U.S. Office of Technology Assessment. *Organizing and Financing Basic Research to Increase Food Production*. Washington DC; 1977.
  30. U.S. Office of Technology Assessment. *Perspectives on Federal Retail Food Grading*. Washington DC; 1977.
  31. U.S. Office of Technology Assessment. *Nutrition Research Alternatives*. Washington DC; 1978.
  32. Broad Leib E, Beyranevand L, Clippinger E, Ristino L, Moses A. *Blueprint for a National Food Strategy: evaluating the potential for a national food strategy in the United States*. Harvard Food Law and Policy Clinic; 2017.
  33. Bipartisan Policy Center SNAP Task Force. *Leading with Nutrition: Leveraging Federal Programs for Better Health*. March 2018.
  34. Institute of Medicine and National Research Council of the National Academies. *A Framework for Assessing Effects of the Food System*. January 2015.
  35. Willett W, Rockstrom J, Loken B, Springmann M. Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems. *Lancet*. 2019;393(10170):447-492.
  36. The US Burden of Disease Collaborators. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States. *JAMA*. 2018;319(14):1444-1472.
  37. Waters H, Graf M. *America's Obesity Crisis: The Health and Economic Costs of Excess Weight*. October 26, 2018.
  38. Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *Int J Obes Relat Metab Disord*. 1998;22(1):39-47.
  39. Fryer C, Carroll M, Ogden C. Prevalence of overweight and obesity among children and adolescents: United States, 1963-1965 through 2011-2012. *Health E-Stats*. 2014; [https://www.cdc.gov/nchs/data/hestat/obesity\\_child\\_11\\_12/obesity\\_child\\_11\\_12.htm](https://www.cdc.gov/nchs/data/hestat/obesity_child_11_12/obesity_child_11_12.htm). Accessed October 14, 2019.
  40. Ogden CL, Carroll MD, Lawman HG, Fryar CD, Kruszon-Moran D, Kit BK, Flegal KM. Trends in Obesity Prevalence Among Children and Adolescents in the United States, 1988-1994 Through 2013-2014. *JAMA*. 2016;315(21):2292-2299.
  41. Urrutia-Rojas X, Menchaca J. Prevalence of risk for type 2 diabetes in school children. *J Sch Health*. 2006;76(5):189-194.
  42. Centers for Disease Control and Prevention. *National Diabetes Statistics Report, 2017*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017.
  43. Benjamin EJ, Muntner P, Alonso A, Bittencourt MS. Heart Disease and Stroke Statistics-2019 Update: A Report from the American Heart Association. *Circulation*. 2019;139:e56-e528.
  44. Sung H, Siegel RL, Rosenberg PS, Jemal A. Emerging cancer trends among young adults in the USA: analysis of a population-based cancer registry. *Lancet Public Health*. 2019;4(3):E137-E147.
  45. Arias E, Xu J, Kochanek KD. United States Life Tables, 2016. *Natl Vital Stat Rep*. 2019;68(4):1-66.
  46. Woolf SH, Schoemaker H. Life Expectancy and Mortality Rates in the United States, 1959-2017. *JAMA*. 2019;332(20):1996-2016.
  47. U.S. Department of Agriculture, Economic Research Service. Definitions of Food Security.

- 2019; <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security/>. Accessed November 13, 2019.
48. Coleman-Jensen A, Rabbitt M, Gregory C, Singh A. *Household Food Security in the United States in 2018*. U.S. Department of Agriculture, Economic Research Service; 2019.
  49. Ratcliffe C, McKernan SM, Zhang SS. How Much Does the Supplemental Nutrition Assistance Program Reduce Food Insecurity? *Am J Agr Econ*. 2011;93(4):1082-1098.
  50. Hoynes H, Schanzenbach DW, Almond D. Long-Run Impacts of Childhood Access to the Safety Net. *Am Econ Rev*. 2016;106(4):903-934.
  51. Berkowitz SA, Seligman HK, Rigdon J, Meigs JB, Basu S. Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults. *Jama Internal Medicine*. 2017;177(11):1642-1649.
  52. Rehm CD, Penalvo JL, Afshin A, Mozaffarian D. Dietary Intake Among US Adults, 1999-2012. *Jama-J Am Med Assoc*. 2016;315(23):2542-2553.
  53. Fang Zhang F, Liu J, Rehm CD, Wilde P, Mande JR, Mozaffarian D. Trends and Disparities in Diet Quality Among US Adults by Supplemental Nutrition Assistance Program Participation Status. *JAMA Netw Open*. 2018;1(2):e180237.
  54. Leung CW, Ding EL, Catalano PJ, Villamor E, Rimm EB, Willett WC. Dietary intake and dietary quality of low-income adults in the Supplemental Nutrition Assistance Program. *Am J Clin Nutr*. 2012;96(5):977-988.
  55. Nguyen BT, Shuval K, Njike VY, Katz DL. The Supplemental Nutrition Assistance Program and Dietary Quality Among US Adults: Findings From a Nationally Representative Survey. *Mayo Clin Proc*. 2014;89(9):1211-1219.
  56. Condon E, Drilea S, Jowers K, Lichtenstein C, Mabli J, Madden E, Niland K. *Diet Quality of Americans by SNAP Participation Status: Data from the National Health and Nutrition Survey 2007-2010*. U.S. Department of Agriculture, Food and Nutrition Service; 2015.
  57. Centers for Medicare and Medicaid Services. National Health Expenditure Data: Historical. 2018; <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.html>. Accessed October 14, 2019.
  58. Kamal R, Mcdermott D, Cox C. How has U.S. spending on healthcare changed over time? 2019; <https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#item-health-spending-growth-has-outpaced-growth-of-the-u-s-economy-2017>. Accessed January 13, 2019.
  59. Mozaffarian D, Benjamin EJ, Go AS, Arnett DK. Heart Disease and Stroke Statistics-2016 Update: A Report From the American Heart Association. *Circulation*. 2016;133(4):e38-360.
  60. Medicaid and CHIP Payment and Access Commission. Medicaid's share of state budgets. <https://www.macpac.gov/subtopic/medicaids-share-of-state-budgets/>. Accessed October 14, 2019.
  61. Committee for a Responsible Federal Budget. *American Health Care: Health Spending and the Federal Budget*. May 16, 2018.
  62. Berkowitz SA, Basu S, Meigs JB, Seligman HK. Food Insecurity and Health Care Expenditures in the United States, 2011-2013. *Health Serv Res*. 2018;53(3):1600-1620.
  63. Schieber SJ, Ntce SA. *Health Care USA: A Cancer on the American Dream*. Willis Towers Watson, Council for Affordable Health Coverage; September 2018.
  64. Maxey H, Bishop-Josef S, Goodman B. *Unhealthy and Unprepared*. Council for a Strong America, Mission: Readiness. October 10, 2018.
  65. Christeson W, Clifford K, Taggart AD. *Retreat Is Not An Option*. Council for a Strong America, Mission: Readiness . September 1, 2014.
  66. Christeson W, Taggart AD, Messner-Zidell S, Kiernan M, Cusick J, Day R. *Still Too Fat to Fight*. Council for a Strong America, Mission: Readiness. September 1, 2012.
  67. Christeson W, Taggart AD, Messner-Zidell S. *Too Fat to Fight*. Council for a Strong America, Mission: Readiness. April 10, 2010.
  68. Perez-Escamilla R. Food Security and the 2015-2030 Sustainable Development Goals: From Human to Planetary Health: Perspectives and Opinions. *Curr Dev Nutr*. 2017; 1(7):e000513.
  69. Intergovernmental Panel on Climate Change. *Special Report on Climate Change, Desertification,*

- Land Degradation, Sustainable Land Management, Food Security, and Greenhouse gas fluxes in Terrestrial Ecosystems*. August 2019.
70. U.S. Environmental Protection Agency, Office of Policy Planning and Evaluation. *Inventory of U.S. greenhouse gas emissions and sinks: 1990-2017*. Washington, DC: U.S. Environmental Protection Agency; 2019.
  71. McGuire S. Scientific Report of the 2015 Dietary Guidelines Advisory Committee. Chapter 5: Washington, DC: U.S. Departments of Agriculture and Health and Human Services, 2015.
  72. Buzby JC, Wells HF, Hyman JD. *The Estimated Amount, Value, and Calories of Postharvest Food Losses at the Retail and Consumer Levels in the United States, EIB-121*, U.S. Department of Agriculture, Economic Research Service, February 2014.
  73. Counting the hidden \$12-trillion cost of a broken food system. Editorial. *Nature*. 2019;574(7778):296.
  74. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *Helping Young Children Thrive - Healthy Practices in the Early Care and Education (ECE) Setting*. 2017.
  75. Frisvold DE. Nutrition and Cognitive Achievement: An Evaluation of the School Breakfast Program. *J Public Econ*. 2015;124:91-104.
  76. Anderson M, Gallagher J, Ritchie ER. School meal quality and academic performance. *Journal of Public Economics*. 2018;168(December):81-93.
  77. Fox MK, Gearan E. *School Nutrition and Meal Cost Study: Summary of Findings*. U.S. Department of Agriculture, Food and Nutrition Service; 2019.
  78. Cunnyngham K. *Reaching Those in Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2016*. U.S. Department of Agriculture; March 2019.
  79. U.S. Department of Agriculture, Food and Nutrition Service. *WIC Program Participation and Costs*. 2019.
  80. Gordon A, Nelson L. *Characteristics and Outcomes of WIC Participants and Nonparticipants: Analysis of the 1988 National Maternal and Infant Health Survey*. Alexandria, Virginia: U.S. Department of Agriculture; March 1995.
  81. Nianogo RA, Wang MC, Basurto-Davila R, Nobari TZ, Prelip M, Arah OA, Whaley SE. Economic evaluation of California prenatal participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to prevent preterm birth. *Prev Med*. 2019;124:42-49.
  82. Pan L, Blanck HM, Park S, Galuska DA, Freedman DS, Potter A, Peterson R. State-Specific Prevalence of Obesity Among Children Aged 2–4 Years Enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children — United States, 2010–2016. *MMWR Morb Mortal Wkly Rep*. 2019;(68):1057-1061.
  83. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Food and Nutrition Board; Committee to Review WIC Food Packages. *Review of WIC Food Packages: Improving Balance and Choice: Final Report*. Washington DC; 2017.
  84. McGuire S. Institute of Medicine. *Strategies to Reduce Sodium Intake in the United States*. Washington, DC: The National Academies Press. *Adv Nutr*. 2010;1(1):49-50.
  85. U.S. Department of Health and Human Services. *Food Service Guidelines For Federal Facilities*. Washington, DC: 2017.
  86. U.S. Department of Labor, Bureau of Labor Statistics. *American Time Use Survey - 2018 Results*. 2019.
  87. U.S. Department of Labor, Bureau of Labor Statistics. *Employment Situation Summary*. Table A. Household data, seasonally adjusted. 2019.
  88. Fitwel Standard. 2019; <https://www.fitwel.org/>. Accessed December 13, 2019.
  89. Food Chain Workers Alliance, Solidarity Research Cooperative. *No Piece of the Pie: U.S. Food Workers in 2016*. November 2016.
  90. Mozaffarian D, Rosenberg I, Uauy R. History of modern nutrition science—implications for current research, dietary guidelines, and food policy. *BMJ*. 2018;361:k2392.



# Appendix

## October 3-4 event program

### CONFERENCE SPONSORS

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American Cancer Society Cancer Action Network ▪ American Diabetes Association ▪ American Heart Association ▪ American Public Health Association ▪ Bipartisan Policy Center ▪ Center for Science in the Public Interest ▪ Climate Reality ▪ Community Servings ▪ Culinary Institute of America ▪ Duke Global Health Institute ▪ Duke World Food Policy Center ▪ Feeding America ▪ Feed the Truth ▪ Food Policy Action ▪ Food Tank ▪ FoodCorps ▪ Foodicine Health ▪ Harvard Center for Health Law and Policy Innovation ▪ Harvard Food Law and Policy Clinic ▪ Hunger Free America ▪ MAZON: A Jewish Response to Hunger ▪ Milken Institute ▪ Mission: Readiness ▪ National WIC Association ▪ North Carolina State University Department of Agricultural and Human Sciences ▪ Partnership for a Healthier America ▪ SoAR Foundation ▪ Society for Nutrition Education and Behavior ▪ Swette Center for Sustainable Food Systems at Arizona State University ▪ The Harkin Institute at Drake University ▪ The Laurie M. Tisch Center for Food, Education & Policy, Program in Nutrition, Teachers College Columbia University ▪ Trust for America's Health ▪ UCLA Resnick Center for Food Law & Policy ▪ UCONN Rudd Center for Food Policy & Obesity ▪ UNC Gillings School of Public Health Department of Nutrition ▪ Union of Concerned Scientists ▪ Yale School of Public Health Office of Public Health Practice ▪ Yale-Griffin Prevention Research Center

The views expressed at this event do not necessarily reflect the views of our Conference Sponsors or Partners.

## SCHEDULE

# Thursday, October 3rd, 2019

Harvard TH Chan School of Public Health, Kresge Cafe



**4:00PM - 4:10PM**

### Opening Remarks

- Dean Michelle Williams

**4:10PM - 4:20PM**

### Overview of the White House Conference on Nutrition

- Dr. Frank Hu and Dr. Dariush Mozaffarian

**4:20PM - 5:20PM**

### Keynote: The Lasting Influence of the White House Conference on Food, Nutrition, and Health

- Dr. Cathie Woteki

**5:20PM - 6:30PM**

### Panel Discussion: Developing the Right Food and Nutrition Guidance for Our Plate and Our Planet

#### PANEL

- Dr. Timothy Griffin
- Dr. Alice Lichtenstein
- Dr. Eric Rimm
- Dr. Walter Willett
- Dr. Cathie Woteki

#### MODERATOR

- Dr. Frank Hu

**6:30PM - 7:00PM**

### Reception & Light Refreshments

## SCHEDULE

# Friday, October 4th, 2019

Tufts Friedman School of Nutrition Science and Policy, Behrakis Auditorium

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7:30AM - 8:15AM

### Registration

8:15AM - 8:20AM

### Welcoming Remarks

- Dr. Walter Willett and Jerold Mande

8:20AM - 9:20AM

### History of the 1969 White House Conference and Key Accomplishments: Video

#### PANEL

- Dr. Johanna Dwyer
- André Mayer
- Ron Pollack

#### MODERATOR

- Corby Kummer

9:20AM - 10:00AM

### Intro: The Current Landscape

#### FOOD JUSTICE

- Dottie Rosenbaum

#### DIET AND HEALTH

- Dean Dariush Mozaffarian

#### SUSTAINABILITY

- Dr. Timothy Griffin

10:00AM - 10:40AM

### Actions for the Future: Health Systems and Food is Medicine

#### PANEL

- Dr. Howard Koh
- Secretary Kara Odom Walker
- Karen Pearl
- Dr. Darshak Sanghavi

#### MODERATOR

- Dean Dariush Mozaffarian

## SCHEDULE

# Friday, October 4th, 2019

Tufts Friedman School of Nutrition Science and Policy, Behrakis Auditorium

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**10:40AM - 11:25AM**

### **Actions for the Future: The Food Environment**

**PANEL**

- Dr. Sara Bleich
- Greg Drescher
- Dr. Christina Economos
- Dr. Marion Nestle

**MODERATOR**

- Dr. Norbert Wilson

**11:25AM - 12:00PM**

### **The Role of Foundations**

**SPEAKER**

- Dr. Rajiv Shah

**MODERATOR**

- Alan Solomont

**12:00PM - 1:00PM**

### **Lunch: Clover Food Lab**

Jaharis Café and Courtyard (MedEd 114 in case of rain)

**1:10PM - 2:00PM**

### **Actions for the Future: Government Feeding Programs**

**PANEL**

- Laura Benavidez
- Secretary Dan Glickman
- Dottie Rosenbaum
- Dr. Marlene Schwartz

**MODERATOR**

- Dr. Parke Wilde

**2:00PM - 2:30PM**

### **A Perspective on the Future of the Food System**

**SPEAKER**

- Representative Chellie Pingree

**MODERATOR**

- Dr. William Masters

**2:30PM - 2:45PM**

### **Break**

## SCHEDULE

# Friday, October 4th, 2019

Tufts Friedman School of Nutrition Science and Policy, Behrakis Auditorium

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**2:45PM - 3:40PM**

### **Actions for the Future: Sustainability and Agriculture**

**PANEL**

- Amanda Beal
- Amanda Little
- Britt Lundgren
- Dr. Samuel Myers

**MODERATOR**

- Dr. Timothy Griffin

**3:40PM - 4:45PM**

### **Business Case for Innovation in Health, Sustainability, and Equity**

**PANEL**

- Helena Fruscio Altsman
- Kevin Boylan
- Denise Morrison
- Walter Robb
- Brooks Tingle

**MODERATOR**

- Laura Reiley

**4:45PM - 5:15PM**

### **Addressing Poverty, Nutrition, and Health**

**SPEAKER**

- Representative Rosa DeLauro

**MODERATOR**

- Dean Dariush Mozaffarian

**5:15PM - 5:30PM**

### **Closing Remarks**

- Dr. Frank Hu and Dean Dariush Mozaffarian

**5:30PM - 6:30PM**

### **Reception**

Jaharis Café and Courtyard (MedEd 114 in case of rain)



October 30th event program

**SCHEDULE**

**Wednesday, October 30th, 2019**

Rayburn House Office Building, Room 2060

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<b>4:00PM - 4:10PM</b>	<b>Opening Remarks</b> <ul style="list-style-type: none"><li>• Dr. Dariush Mozaffarian</li></ul>
<b>4:10PM - 4:20PM</b>	<b>Video: "Hungry: How the 1969 White House Conference on Food, Nutrition, and Health Changed the Course of US Food Policy"</b>
<b>4:20PM - 5:00PM</b>	<b>Panel Discussion: Actions for the Future in Food Justice, Diet and Health, and Sustainability</b> <p><b>PANEL</b></p> <ul style="list-style-type: none"><li>• Pamela Schwartz</li><li>• Brigadier General Allyson Solomon</li><li>• Brooks Tingle</li><li>• Dr. Walter Willett</li></ul> <p><b>MODERATOR</b></p> <ul style="list-style-type: none"><li>• Dr. Dariush Mozaffarian</li></ul>
<b>5:00PM - 5:45PM</b>	<b>Panel Discussion: Current Status of Hunger in America</b> <p><b>PANEL</b></p> <ul style="list-style-type: none"><li>• Stacy Dean</li><li>• G. William Hoagland</li><li>• Dr. Eileen Kennedy</li><li>• Marshall Matz</li><li>• Michael J. Wilson</li></ul> <p><b>MODERATOR</b></p> <ul style="list-style-type: none"><li>• Joel Berg</li></ul>
<b>5:45PM - 6:00PM</b>	<b>Closing Remarks</b>



**Report of the 50th Anniversary of the White House Conference on Food, Nutrition, and Health: Honoring the Past, Taking Actions for our Future**

**March 2020**

Mande J, Willett W, Auerbach J, Bleich S, Broad Leib E, Economos C, Griffin T, Grumbly T, Hu F, Koh H, Mozaffarian D, Pérez-Escamilla R, Seligman H, Story M, Wilde P, and Woteki C. Report of the 50th Anniversary of the White House Conference on Food, Nutrition, and Health: Honoring the Past, Taking Actions for our Future. Boston, MA; March 2020.