The State of Obesity 2021:
Better Policies for a Healthier America

November 10, 2021
1:00 – 2:30 PM Eastern

@HealthyAmerica1
#StateOfObesity
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Q&A Feature

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Moderator

J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America’s Health
tfah.org
Agenda

Welcome and overview of State of Obesity Report

Fireside chat with Chef José Andrés

Presentations from panelist

Questions and Answers

Closing
Adult Obesity Still Increasing

Percent of Adults and Youth with Obesity, 1988–2018

- 19.3% (Youth Age 2-19 with Obesity)
- 42.4% (Adults with Obesity)

Source: NHANES

Adult Obesity Rates by State, 2020

Source: TFAN analysis of BRFSS data
Obesity Varies Substantially By Race and Ethnicity

Percent of Adults With Obesity by Select Demographics, 2017–2018

SOURCE: NHANES
Trends in Childhood Obesity

- Obesity rate in children more than tripled between 1976 and 2018
- Children who are overweight or have obesity are more likely to have obesity as adults
- Investing in nutrition assistance and education programs (e.g., SNAP, WIC) are beneficial in lowering childhood obesity rate

Source: National Survey of Children’s Health, HRSA
Special Feature: COVID-19, Social Determinants of Health, and Obesity

- Historical, social, economic, physical, and policy contexts
- Systematic effects on daily life and choices
- Weight control and related contextual outcomes and effects on individuals

Adapted from Roundtable on Obesity Solutions, National Academies of Sciences, Engineering and Medicine
Special Feature: COVID-19, Obesity, and Social Determinants of Health

- Obesity is a risk factor for more severe disease and complications among individuals infected with COVID-19. An estimated 30% of the adult COVID-19 hospitalizations through November 2020 were attributable to obesity.

- The rates are high for hospitalizations and mortality for COVID-19 patients with underlying medical conditions.

- Consequences of the COVID-19 pandemic, such as job loss and food insecurity, disproportionately impacted Black and Latino households. These factors are also linked to increased risk of obesity.
Shifting Conditions: COVID-19 Pandemic and Obesity

42% of U.S. adults reported undesired weight gain since the start of the pandemic that could be attributed to:

- Reduction in physical activity
- Changes in eating habits
- Economic hardship
- Food insecurity
- Increase in sedentary behaviors
- Mental distress
- School closures

Photo credit: Massimo Giachetti
Pandemic-Related Policy Changes and Trends

March 17–29, 2021 time period showed a decrease in food insecurity to 18% for all households.

The American Rescue Plan Act continued and expanded many social safety-net programs, including:

- extending emergency increase in SNAP benefits
- continuing unemployment benefits
- providing a third economic impact payment of up to $1,400 per person
More Needs To Be Done

Report recommendation themes:

- Policies need to make the healthy choice the easy choice
- Funding is important for expanding successful strategies
- Focus on long-term meaningful partnerships involving multiple sectors
- Focus first on communities facing health disparities and disproportionate risk for obesity
Key Federal Policy Recommendations

Increase health equity and reduce obesity-related disparities
- Expand CDC Programs such as Chronic Center, SPAN and REACH
- Fund CDC’s Social Determinants of Health program

Decrease food insecurity while improving nutritional quality
- Healthy school meals for all
- Strengthen and protect SNAP and school nutrition standards
- Expand WIC access up to age 6 and fruit and vegetable benefit

Change marketing and pricing strategies that lead to health disparities
- Close tax loopholes to end unhealthy marketing to kids
- Increase the price of sugar-sweetened beverages through an excise tax
Key Federal Policy Recommendations, cont.

Make physical activity and built environment safer and more accessible for all

- Boost funding for active transportation such as pedestrian and biking infrastructure and Safe Routes to School
- Support physical education

Strengthen obesity prevention throughout healthcare system

- Eliminate barriers to healthcare coverage for underserved populations
- Cover evidence-based programs
For More Information

- The State of Obesity 2021 report:  

- Contact Dara Lieberman, TFAH Director of Government Relations:  
  [DLieberman@tfah.org](mailto:DLieberman@tfah.org)
Welcome to Our Panelists

Chef José Andrés
Founder
World Central Kitchen
Chef/Owner
ThinkFoodGroup

Ruth Petersen, MD, MPH
Director, Division of Nutrition, Physical Activity, and Obesity (DNPAO)
Centers for Disease Control and Prevention

Karol Fink, MS, RDN
Section Chief, Chronic Disease Prevention and Health Promotion
Alaska Division of Public Health

Dariush Mozaffarian, MD, DrPH
Dean, Friedman School of Nutrition Science and Policy
Tufts University
Chef José Andrés
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wck.org
Ruth Petersen, MD, MPH
Director, Division of Nutrition, Physical Activity, and Obesity (DNPAO)
Centers for Disease Control and Prevention

cdc.gov
CDC EFFORTS TO ADDRESS OBESITY AND ADVANCE HEALTH EQUITY

Dr. Ruth Petersen, Director
Division of Nutrition, Physical Activity, and Obesity

Good Nutrition
Regular Physical Activity
Healthy Weight
ADULT OBESITY PREVALENCE CONTINUES TO RISE ACROSS THE U.S.

*Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.


*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.
PREVALENCE OF SELF-REPORTED OBESITY AMONG U.S. ADULTS

LEGEND

- <20%
- 20%-<25%
- 25%-<30%
- 30%-<35%
- 35%-<40%
- ≥40%
- Insufficient data*


*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.
CHILDHOOD OBESITY AND THE COVID-19 PANDEMIC

- Among children and adolescents with COVID-19, **underlying medical conditions (including obesity)** increased the likelihood for hospitalization and severe COVID-19 illness.

- Among children and adolescents, the **average rate of body mass index (BMI) increase approximately doubled** during the pandemic.

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Sources:
OUR VISION: OPTIMAL NUTRITION ACROSS THE LIFESPAN

DNPAO works at multiple levels to establish healthier food environments for all

Maternal Nutrition
Breastfeeding

Early Child Nutrition

Early Care and Education
Farm to Education
Healthy Weight Programs

Food Service Guidelines
Healthy Food Systems
Food and Nutrition Security

Health Equity
Food and nutrition security exists when all people, at all times, have physical, social and economic access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life.

Source:
CDC NCCDPHP [https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm](https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm)
THE COVID-19 PANDEMIC HAS INCREASED FOOD AND NUTRITION INSECURITY IN THE UNITED STATES

- Significant racial disparities in food insecurity already existed before COVID-19. In 2019:
  - 23.5% of Native American individuals (1 in 4)
  - 19.3% of Black, non-Hispanic individuals (1 in 5)
  - 15.8% of Latino individuals (1 in 6)
  - 8.1% of white, non-Hispanic individuals (1 in 12)... lived in food-insecure households

- The pandemic has increased food insecurity

- Food and nutrition insecurity is a risk factor for obesity

We work with partners, state, local, tribal and territorial health agencies, and organizations to remove environmental and systemic barriers to health and advance health equity.

For more information, visit: https://www.cdc.gov/nccdphp/dnpao/health-equity/index.html
DNPAO’S FUNDED PROGRAM RECIPIENTS

Fiscal Year 2021

State Physical Activity and Nutrition Program (SPAN)
- 16 state and local recipients strengthening efforts to implement interventions that support healthy nutrition, safe and accessible physical activity, and breastfeeding

High Obesity Program (HOP)
- 15 land grant universities leveraging community extension services to increase access to healthier foods and opportunities for physical activity in counties that have more than 40% of adults with obesity

Racial and Ethnic Approaches to Community Health (REACH) Program
- 40 organizations improving health, preventing chronic diseases, and reducing health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease
Implement interventions to support breastfeeding

Implement nutrition standards in key institutions, such as Early Care and Education (ECE)

Accelerate, adopt, or expand Farm-to-ECE

Implement Food Service Guidelines (FSG) in worksites and community settings to increase availability of healthy foods

Work with food vendors, distributors and producers to enhance healthier food procurement and sales
A national initiative led by CDC to help **27 million Americans** become more physically active by 2027. Increased physical activity can improve health, quality of life, and reduce healthcare costs.

**27 Million by 2027**

FIND OUT MORE ABOUT ACTIVE PEOPLE, HEALTHY NATION™:
www.cdc.gov/activepeoplehealthynation
CDC IS DEVELOPING SUSTAINABLE HEALTHY WEIGHT PROGRAMS FOR CHILDREN

Benefits:

- Focus on children 6-13 years old to intervene early
- Uses education and counseling to help families establish healthy eating patterns
- Shows BMI reduction for participating children as well as parents
- Can be reimbursable through Medicaid
- Can be implemented in multiple settings, including Federally Qualified Health Centers

Future Directions:

- Increase reimbursement mechanisms
- Use innovative tools to measure and evaluate success
- Spread and scale
THANK YOU!

For more information, contact Jennifer Greaser at CDC Washington
Email: cbx5@cdc.gov
Phone: 202-245-0600
cdc.gov/washington

Help us keep America healthy and strong. See how at: cdc.gov/nccdphp/dnpao
Karol Fink, MS, RDN
Section Chief, Chronic Disease Prevention and Health Promotion
Alaska Division of Public Health
dhss.alaska.gov
Addressing obesity in Alaska –

Trust for America's Health Virtual Congressional Briefing
State of Obesity 2021: Better Policies for a Healthier America

Karol Fink, MS, RDN
Alaska Department of Health and Social Services, Division of Public Health
November 10, 2021
Utqiagvik – the northernmost community in the United States
Sitka – a Southeast community in the rain forest
Grandma teaching her granddaughter to fillet salmon – Bethel, Alaska
Utqiagvik, a rural village in late April
Utqiagvik – playing outside in late April
Third of city’s students at risky weight, study finds

ANCHORAGE: Most of them are heavy before the first grade.

By ANN POTEMPA
Anchorage Daily News

A new study shows that more than one-third of Anchorage School District students are overweight or at risk for weighing too much.

Further, the study shows that almost one in three children entering kindergarten or first grade are overweight or headed that way — a strong indicator that parents and doctors must address children’s weights before they enter school.

“I think this is a major eye-opener for all of us,” said Dr. John Middaugh, a medical epidemiologist in Alaska.

“Until we looked at the data, I think most of us didn’t have a clue of the scope of the problem at such a young age.”

Children who weigh too much are at risk for other health problems. Some are physical problems, like diabetes, high blood pressure and high cholesterol, while other times they’re psychological or social in nature.

Family practitioner Peter Mijes said he’s watched more and more children develop chronic health conditions during his three decades of work.

“So much of it is simply related to the fact that we’ve become inactive and obese,” said Mijes, who has long advocated more physical activity among Alaska students.

The study was made public at Monday’s School Board meeting.

The new research was a joint project between the Anchorage School District, which collected heights and weights for 41,281 students, and the state Division of Public Health, which analyzed the information.

Erin Peterson, manager for the state’s Obesity Prevention and Control Program, said school nurses from all schools in the district took height and weight measurements. 
Children playing outdoors at an Anchorage preschool
Children at an Anchorage Head Start program eating reindeer stew

- “We no longer use any juice in our meals. We do not serve French fries, taters tots, or chicken nuggets as part of our meals. We make sure to serve a variety of fruits and vegetables every day.”
- -- said Erika Copeland with My Chickadees FUNtastic Nest Bilingual Daycare in Fairbanks.
Salmon hanging to dry
Schools promote water instead of sugary drinks
Successes:
“The findings in this report indicate that, from 2003–04 to 2010–11, the prevalence of obesity among public school students in grades K–7 in the Anchorage metropolitan area decreased overall and within certain demographic subgroups.”

Ongoing challenges:
“This report underscores the persistent differences in the prevalence of obesity among children of different race/ethnicities.”
http://www.playeveryday.alaska.gov/
Portable patient education tool

- Simple visuals and messages for patients
- Talking points for providers
- Printed materials for patients to bring home
Alaska’s original short video about the health harms of serving sugary drinks

Jamaica’s adapted short video
Serve milk or water to your family.
Drink Water

No added colors.
No added sugars.
It's just water, and it's what kids need.
Alaska’s Gift Public Service Announcement
November 2020
www.youtube.com/playeverydayak

Staying active during the pandemic
Alaska Department of Health and Social Services
Division of Public Health
Section of Chronic Disease Prevention and Health Promotion

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Our Food: The #1 Cause of Poor Health

Risk factors
- Dietary risks
- Tobacco use
- High systolic blood pressure
- High body mass index
- High fasting plasma glucose
- High total cholesterol
- Impaired kidney function
- Alcohol and drug use
- Air pollution
- Low physical activity
- Occupational risks
- Low bone mineral density
- Residential radon and lead exposure
- Unsafe sex
- Child and maternal malnutrition
- Sexual abuse and violence
- Unsafe water, sanitation, and handwashing

US Burden of Disease
Collaborators, JAMA 2018
Diet-Related Disease in the U.S.

• More American adults are sick than are healthy:
  • 1 in 2 have diabetes or prediabetes
  • 3 in 4 have overweight or obesity
  • Only 1 in 10 are metabolically healthy

• Among American teenagers:
  • 1 in 4 have prediabetes
  • 1 in 4 have overweight or obesity
  • 1 in 6 have fatty liver disease

Centers for Medicare & Medicaid Services, 2018
American Heart Association, Heart Disease and Stroke Statistics, 2018
The Milken Institute, America’s Obesity Crisis, 2018
Crushing Economic Costs

- In 50 years, healthcare costs have skyrocketed from:
  - 7% to 18% of U.S. Gross Domestic Product (GDP)
  - 1 in 20 to nearly 1 in 3 dollars in the federal budget and average state budgets
  - $80 billion to $1.2 trillion for US businesses
  - >11,000/year per man, woman, and child in the US

- 80% of healthcare dollars are spent on preventable chronic diseases

- The US government spends $160 billion on direct medical costs for diabetes alone

Centers for Medicare & Medicaid Services, 2018
American Heart Association, *Heart Disease and Stroke Statistics*, 2018
The Milken Institute, *America’s Obesity Crisis*, 2018
True Cost of Food in the United States ($B/year)

- HUMAN HEALTH: $1.145 trillion
- ENVIRONMENT: $350 billion
- BIODIVERSITY: $455 billion
- LIVELIHOODS: $134 billion
- ECONOMY: $21 billion

TOTAL: $2.1 trillion excess costs per year

*True Cost of Food: Measuring What Matters to Transform the U.S. Food System*. The Rockefeller Foundation 2021

# Improving Nutrition & Obesity: “Best Buy” Policies

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Achieving Nutrition Security: Health Care Systems

- Medically Tailored Meal Programs
- Medically Tailored Food Packages
- Produce Prescription Programs
- Population-Level Healthy Food Programs
- SNAP, WIC, HIP, and Emergency Food Programs

https://foodismedicinema.org
Food is Medicine: Medically Tailored Meals (MTMs)

- Providing **home MTMs** to chronically ill, food insecure patients reduces hospitalizations, ER visits, nursing home admits, and costs.

- Using the 2011-2015 Massachusetts All Payers Database, MTMs:
  - Hospital admissions: ↓ by **49%**
  - Nursing home admits: ↓ by **72%**
  - **Net savings**: $9,036/\text{year} per patient
  - Number needed to treat (\text{NNT}):
    - 2.0 per saved hospital admission
    - 1.1 per saved nursing home admit

http://www.fimcoalition.org,
Berkowitz et al., JAMA Int Med 2019
Mozaffarian et al, JAMA Int Med 2019
Food is Medicine: Produce Prescriptions

Meta-analysis of 13 Produce Rx interventions:
- Vouchers, subsidized food boxes, cash-back rebates
- Some targeted food insecurity, most did not
- Most targeted patients with diabetes
- Most lasted 3-6 months, a few up to 18 months
- Nearly all in USA, also in UK and France

Outcomes:
- F&V intake: ↑ 0.8 servings/day
- Body mass index (BMI): ↓ 0.6 kg/m²
- Hemoglobin A1c: ↓ 0.8 %
Food as Medicine: SNAP Plus

SNAP Plus
Healthy foods (30% subsidy)
Unhealthy foods (30% disincentive)

Prevent 940,000 lifetime CVD events

Cost-savings
$10B at 5 yrs
$63B lifetime

Accelerating Nutrition Science

Sheila Fleischhacker, Cathie Woteki, Paul Coates, Van Hubbard, Grace Flaherty, Dan Glickman, Tom Harkin, David Kessler, William Li, Joe Loscalzo, Anand Parekh, Sylvia Rowe, Patrick Stover, Angie Tagtow, Joon Yun, Dariush Mozaffarian

Fleischhacker et al. AJCN 2020

sites.tufts.edu/nutritionadvisory
U.S. Government Accountability Office (GAO) report

**Chronic Health Conditions: Federal Strategy Needed to Coordinate Diet-Related Efforts**

- Chronic diet-related health conditions are **costly**, **deadly**, and **preventable**

- **200 different federal efforts, spread across 21 agencies**, to improve Americans' diets. But, these efforts are **fragmented**, keeping the government from meeting its goals.

- Conclusion: “**A federal strategy for diet-related efforts could provide sustained leadership and result in improved, cost-effective outcomes for reducing Americans’ risk of diet related chronic health conditions.**”

- Recommendation: “**Congress should consider identifying and directing a federal entity to lead development and implementation of a federal strategy** for diet-related efforts aimed at reducing Americans' risk of chronic health conditions.”

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**U.S. Government Accountability Office (GAO), Federal Strategy Needed to Coordinate Diet-Related Efforts**

Federal Policy Coordination

NEW OFFICE OF THE NATIONAL DIRECTOR OF FOOD AND NUTRITION (ONDFN)

KEY CHARACTERISTICS

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

ADVANTAGES

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

• **Leverage Federal Nutrition Programs:** Schools, SNAP, WIC

• **Food as Medicine in Healthcare:** Produce Rx, medically tailored meals (MTMs), leverage RDs, nutrition education

• **Science and Innovation:** National Institute of Nutrition (NIN), USDA research on nexus of production, health, sustainability

• **Catalyze Private Business and Jobs:** ESG investing, tax policy, B corp status, BIPOC food entrepreneurship

• **Education and Public Health:** FDA (salt, sugar, FOP labels), CDC (DNPAM, NHANES), USDA (DGA, DRIs), FTC (marketing to children)

• **Federal Food Policy Coordination:** National Director of Food and Nutrition (ONDFN), White House Conference, national food and nutrition strategy
"We have a legacy food system – built for 20th century goals, but with 21st century problems."

"It’s time to fix food. And we can only do this if we have a plan: a harmonized national strategy."
Nutrition Priorities – Healthy Foods

Benefit

Protective Foods
- Fruits, Nuts, Fish
- Vegetables, Plant Oils
- Whole Grains, Beans, Yogurt

Eat in Moderation
- Cheese
- Poultry, Milk
- Eggs, Butter
- Unprocessed Red Meats

Minimize
- Refined Grains, Starches, Sugars
- Processed Meats, High Sodium Foods
- Industrial Trans Fat

Harm

Emerging Science:
- Gut Microbiome
- Personalized Nutrition
- Phenolics/Bioactives
- Food Processing
- Additives
- Timing of Meals
- Performance
- Brain Health
- Immunity, Allergies
- Cancer

Mozaffarian D, Circulation 2016
COVID-19: A Fast Pandemic on a Slow Pandemic

- Diabetes, obesity, HTN: diet-related diseases with vascular dysfunction, systemic inflammation – the top risk factors for severe COVID
- COVID: vascular, inflammatory virus
- ~64% of hospitalizations could have been prevented if we had a metabolically healthy population

U.S. COVID-19 hospitalizations estimated to be due to cardiometabolic risk factors

- Obesity: 30.2%
- Diabetes: 20.5%
- Hypertension: 26.2%
- Heart failure: 11.7%
- Above cardiometabolic risk factors combined: 63.5%

Nearly 600,000 preventable COVID-19 hospitalizations in 2020 due to diet-related diseases

Teuwen et al., Nat Rev Immun 2020; Ackermann et al., NEJM 2020; O’Hearn et al., JAHA 2021
Submit Questions for Our Panelists

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Thank you!

@HealthyAmerica1

The recording and slides will be available at www.tfh.org