



***State of Obesity 2022: Better Policies for a Healthier America***  
**Virtual Congressional Briefing & National Webinar**  
**Trust for America's Health**  
**November 30, 2022**  
**3:30-4:30 PM Eastern Time**

**Live Captioning by Ai-Media**

**>> TIM HUGHES:**

"Good afternoon and welcome to our Congressional Briefing and National Webinar on the report State of Obesity 2022: Better Policies for a Healthier America hosted by Trust for America's Health or TFAH for short. My name is Tim Hughes, the External Relations and Outreach manager at TFAH. We would like to thank our speakers and audience for being with us today.

Real-time captioning is provided today by Cynthia Thompson from AI-Media. For captions, click on more at the bottom right of your screen with the three dots. Next, click on closed caption.

Next slide, please. And one more. We encourage you all to share your questions about today's presentation by typing them into the Q&A box. We'll try to answer as many as we can as time permits. To open the Q&A box, click the Q&A icon at the bottom of your screen. From there select enter when you are ready to submit your questions. Next slide.

Now it is my pleasure to introduce the moderator for today's event Dr. J Nadine Gracia. Dr. Gracia is President and CEO for Trust for America's Health she's a national health equity leader with extensive leadership experience in Federal Government, the nonprofit sector, academia and professional association. As President and CEO, she leads TFAH's work to advance sound public health policy, address the social determinants of health, advance health equity, and make health promotion and disease prevention a national priority. Welcome Dr. Gracia.

**>> DR. NADINE GRACIA:**

Thank you, Tim and welcome to everyone who is tuning in from our audience for today's important discussion. As Tim stated, my name is Nadine Gracia, President and CEO of Trust for America's Health. I would like to thank you all for joining us today for this Congressional Briefing and National Webinar that is focused on the 2022 state of obesity report. And I would like to thank our esteemed panelists for taking the time to participate in this briefing. We're so honored to have all of you here.

Next slide, please. Our agenda for today 's briefing is on this slide. After you hear presentations from each of our panelists, we're going to have time for questions and answers from the audience. And before we get to our panel, I'll start with a brief overview of the findings and recommendations of TFAH 19th Annual edition of the state of obesity report that was released in September. A copy of the full report, including state-specific information, is available at [tfah.org](http://tfah.org) on our website and we'll include a link to the report in the chat.

Our goal for the briefing today is that you leave knowing the latest data and trends in obesity in the U.S. and learn some concrete examples of how we can work together to really advance policies and programs that address the social and economic conditions that contribute to this increasing epidemic.

So let me begin with some framing as we talk about this issue of obesity. It's important to note that we're addressing obesity because it's a common and serious chronic disease among both adults and children. It has both health and economic costs where it puts a strain on individuals and families, affecting overall health, healthcare costs, productivity and even our military readiness but this isn't a focus on size. It's about how to create the conditions that promote healthy weight to prevent the serious consequences of obesity which increase the risk of many conditions such as Type 2 diabetes, high blood pressure, stroke and depression.

Now as we describe in the 2022 state of obesity report rates of adult obesity continue to increase and have been rising unfortunately for decades. Nationally 41.9 % of adults have obesity. That's more than 4 in 10 adults. West Virginia recorded the highest rate of adult obesity at 40.6 % and the District of Columbia had the lowest rate at 24.7 %. In 2021 the data that were released this year showed that 19 states had adult obesity rates at or above 35 % and that's shown on the map of the states that are in red and that's up from 16 states the year prior. Then to put that into further context a decade ago, no state had an adult obesity rate at or above 35 %.

We know that in addition to obesity rates increasing nationally there are significant racial and ethnic disparities in rates of obesity. Obesity rates also vary by education, income level and geography. Where adults with lower income lower educational attainment and those living in rural areas and counties are more likely to have obesity but it's really important to underscore as you see on this slide that obesity is caused by a combination of factors, including societal, biological, genetic and environmental factors, many of which are often beyond personal choice. The data show that racial and ethnic disparities in data in obesity rates are stark yet it's important to understand that much of these disparities are due to long -standing structural and systemic inequities that exist in many communities of color such as multi-generational poverty, lack of access to affordable healthy and nutritious food and lack of safe and convenient places to engage in physical activity and you're going to hear many of our panelists focus on these very issues, these structural drivers during our discussion today .

In addition to the data in this year 's report there's a special feature that's examining food and

nutrition insecurity among children and families. Food insecurity is driven by many of the same social and economic drivers and factors that drive obesity, and you'll hear from Dr. Bleich at the U.S. Department of Agriculture who will talk about nutrition security and its importance with regards to health and well-being.

Next slide, please. So, while access to the  and the quality of healthcare is a component of addressing obesity, there are factors outside of the healthcare system that are really playing a significant role in the increasing rates of child and adult obesity.

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The conditions in which people are born. Where they grow. Where they live, work, play and age all influence health outcomes. So, it is critically important to advance evidence-based policies and programs that will help to address these issues and to invest in communities to ensure that everyone, regardless of income, age, race, and ethnicity or where you live have the opportunity to be as healthy as possible.

So, in our state of obesity report, we include several evidence-based policy recommendations that address these structural and system issues. And I'll highlight a few of our recommendations and I encourage you to look at our report for the full set of recommendations.

In our first area of recommendations, support expanding funding for effective programs at the Centers for Disease Control and Prevention. Starting with overall funding for CDC Division of Nutrition physical activity and obesity. Where you have underfunding, it means not all states can benefit from proven programs such as the State Physical Activity and Nutrition program and the Racial and Ethnic Approaches to Community Health program which allow communities to really be able to address those broader community factors that contribute to increasing obesity rates. We also support the President as budget request of \$1 5 3 million for CDC 's social determinants of health program which would support multi-sector efforts to address the community conditions that influence health outcomes including many we're describing today.

In our second area of recommendations, we address decreasing food insecurity while improving nutritional quality and that's critical and important that we work with Congress to strengthen essential supports for individuals with low incomes through programs such as the Supplemental Nutrition Assistance Program and WIC. Furthermore, school meals are one of the most consistent sources of healthy food for millions of children who are at risk for food insecurity so we should not only extend healthy school meals to all kids but also ensure the meals are keeping up with the science on Dietary Guidelines.

Our third area of recommendations centers on influencing new taxes of sugar sweetened beverages like sodas. These policies have shown to decrease sugar y drink consumption and decrease rates of obesity and when funding is actually directed into improving social and economic conditions, the communities that are most impacted support these policies.

The fourth area of recommendations that we discuss is ensuring that opportunities for physical

activity in the built environment are safer and more accessible for all. Organizations and governmental agencies should be working together to help communities that really are under resourced and rural communities, for example, apply for and access the bipartisan infrastructure act dollars to help increase active transportation opportunities.

And lastly, we discussed the role of the healthcare system in preventing and treating obesity. Millions of individuals in the U.S. still lack coverage. And there are significant disparities in access to care by sex, age, race, ethnicity, education, and family income.

Access to care and coverage as well as the quality of care are foundational to obesity prevention and treatment as well as to overall health and that's why eliminating those barriers to healthcare coverage is so critically important.

All of the issues that we'll be discussing today certainly are going to need to be examined and addressed in a multi-faceted way and you're seeing this as exemplified by the panel that we're going to have today. TFAH released our state of obesity report that they required of the historic convening of the White House conference conditions and I'm sure many of you have tuned in or attended the conference and you'll hear more about it and the national strategy from our panelists in particular from Cat Oaker from the White House. The White House conference was a pivotal event because it brought together stakeholders and partners that are working to advance food and nutrition security to increase physical activity and improve health outcomes. And TFAH was pleased to see that many of our recommendations from our state of obesity report really aligned with the policies that are outlined in the national strategy on hunger nutrition and health which we feature on this slide listed by the pillars of the national strategy.

Now, as TFAH looks to the future, we are hopeful that Congress, that the Biden -Harris Administration and that state and local governments will continue to make progress to end food and nutrition insecurity and create healthier communities. So in particular, using some of the momentum generated by the White House Conference on Hunger, Nutrition and Health we are continuing to help lead a multi-sector coalition of nutrition, active transportation and physical activity stakeholders that is advocating for expanding the State Physical Activity and Nutrition program the SPAN Program to all 50 states and U.S. territories. Currently, the level of funding for that program is only sufficient to fund 16 states in the country and yet this is a national issue.

We also support Congress passing the Child Nutrition Reauthorization, a bipartisan fashion to strengthen and enhance Child Nutrition Programs. We also urge the Food and Drug Administration to research and issue a Proposed Rule that would implement a mandatory front of package label on food products so we can advance equity and increase nutrition education. And we also are supportive of the recently released Proposed Rule updating the WIC benefit package to permanently increase the fruit and vegetable benefit increase.

Next slide, please. So, I know that is a lot of data. And a lot of information. And each of our panelists are going to go into more of these areas, in particular in their presentations. And we'll have additional time to talk about this during our question and answer and discussion period.

So, with that background and overview we're going to transition now to our panel presentations and discussions. We're going to save questions for the end but just a reminder to submit your questions in the Q&A box, not the chat. And we will get to those questions after the presentation.

I am now pleased to welcome our panel, Dr. Sara Bleich. She was the director of nutrition security and health equity in the Food and Nutrition Service at the U.S. Department of Agriculture. After serving as the Senior Advisor for COVID-19 Office of the Secretary at USDA Dr. Bleich is a policy expert and researcher who specializes in dietary diseases, food insecurity and racial inequality with more than 175 peer reviewed publications that are really advancing the field.

Next, we'll hear from Cherylee Sherry, who brings 40 years of leadership and program development experience in community health and healthcare to the Minnesota Department of Health. Cherylee is currently the manager of the healthy systems and communities' units for the Office of Statewide health improvement initiatives and is the lead for Minnesota's CDC State Physical Activity and Nutrition grant so that program we've been talking about, the SPAN grant, she leads Minnesota's program and we'll hear more about that.

Thirdly, we will hear from Cat Oaker who serves as the Special Assistant to the President for public health and disparities. At the White House. Prior to serving in the Biden -Harris Administration Cat worked on the Transition Team where she oversaw the hiring of all Presidential appointees for the U.S. Department of Health and Human Services and has also served as a Senior Advisor at Waxman Strategies consulting on public health, nutrition and healthcare issues and during the Obama -Biden Administration, she served at the White House of the Associate Director of the Let's Move Initiative in the First Lady's office and as a Senior Advisor in the Office of National AIDS Policy so it's my honor to welcome the first panelist for her presentation, Dr. Sara Bleich from the USDA. Sara, let me turn it over to you and welcome.

#### >> DR. SARA BLEICH:

Thank you so much Dr. Gracia. Good afternoon, everyone it's great to be a part of this very impressive panel I'll kick things off with a brief overview of food and nutrition the insecurity and its intersections with child obesity, health equity and structural racism and also highlight a few examples of how we are working to prioritize food nutrition security at USDA and I'm happy to talk about other activities underway during the Panel Discussion so let's start with food insecurity.

So, this past fall, the USDA Economic Research Service published our nation's annual food security report. Which found that 33.8 million Americans lived in households that struggled against hunger in 2021. So, a very sobering number. But the report also included some good news. So compared to last year's report, the number of Americans experiencing food insecurity decreased by 5 million and food insecurity, among households with children, was at a two-decade low. Now, the annual food security report suggests that one possible reason for this

progress is how our federal nutrition assistance programs and the critical investments we've been making during the COVID-19 pandemic helped to combat hunger. And these investments include USDA's historic re-evaluation of what's called the thrifty food plan which serves as the basis for calculating for the supplemental nutritional assistance program known as SNAP. This action was important because it resulted in the first permanent increase to the purchasing power of SNAP benefits since the thrifty food plan was introduced 45 years ago and practically what it's meant is there's an increase to monthly benefits by 21% or \$36 per person per month. This change is a critical step for putting healthy food within reach. The report also highlighted that disparities exist. So, for example, Black and Latinx households were disproportionately impacted by food insecurity in 2021 with rates that were triple that and double that of White households so now let's switch gears to discuss our efforts to promote food and nutrition security.

What COVID-19 did is it brought health disparities and the vital need for -- to access healthy food right to the forefront but disparities and dietary diseases are a long-standing program and associated with decades of structural limitations to retail food outlets that sell healthier foods and these disparities often co-exist with food insecurity. And are also rooted in other long-standing historical inequities in education, employment, housing and lots of other domains. We also know that health disparities start early. So, for example, Black and Indigenous children are more likely to be overweight or obese. Now, at USDA we recognize that structuring racism harms health in ways that can be described, measured and dismantled. We also recognize that confronting structural racism not only requires changing individual attitudes but also transforming policies. So, we are looking carefully at our policies at USDA to identify ways to incorporate health equity. At the same time USDA is calling attention to how poor nutrition spans all demographics. So, what we know empirically is that poor nutrition is the leading cause of death in the United States. And responsible for more than 600,000 deaths per year. And as detailed in the state of childhood obesity's latest Annual Report, poor nutrition and diet-related diseases have far-reaching impacts beyond health including decreased academic achievement and increased financial stress. And these impacts translate to societal impacts, as well. So reduced worker productivity. Weekend military readiness. And skyrocketing healthcare costs. So, let's switch gears now and talk about nutrition security. What is USDA doing to advance food and nutrition security and what is nutrition security? So, since early 2021, USDA has taken a dynamic approach to tackling food and nutrition insecurity and prioritize building awareness about how and why the Department is widening its aperture to also focus on nutrition security. So, fundamentally at USDA we have come to define nutrition security to mean that all Americans have consistent and equitable access to healthy, safe and affordable foods that are essential to optimal health and well-being and there are two core motivations for this evolution.

The first is the promotion of health equity which means everyone has a fair and just opportunity to be as healthy as possible. And the second is that the recognition that structural inequities make it hard for many people to eat healthy and to be physically active. Now, one key message I want to leave all of you with is that USDA is not abandoning our decade's long focus on food insecurity. Instead, we are building on and complementing it with

this additional focus on nutrition security. I really encourage you all to explore our report and web pages about our actions on food and nutrition security. Briefly what I can say is that the work at USDA on nutrition security is categorized under four pillars so the first is providing meaningful nutrition support from pregnancy to birth and beyond. The second is connecting all Americans to healthy, safe, affordable food sources. The third is developing, translating, and enacting nutrition science through partnership. And the fourth is prioritizing equity every step of the way.

All of this work at USDA is driven by research. It's grounded in science. It's woven into USDA policies. It informs each of the Department's decisions. And most importantly, it impacts every life touched by the Federal nutrition assistance programs and other key equities across our department.

Now, besides the recent historic evaluation of the thrifty food plan that I talked about earlier, I do also want to call attention to our Proposed Rule to update the food packages for the special supplemental program for Women, Infants and Children which is known as WIC and this was announced last week so the proposed changes aim to align the foods provided to WIC participants with the latest nutrition science and have potential to support equitable access to nutritious foods during critical life stages.

WIC serves more than 6 million Women, Infants and Children in an average year and just under half of all infants born in the United States are also served by WIC, but the challenge is that only about 1 in 2 who are eligible for WIC participate.

So, part of my effort to lead a whole department approach to tackling food and nutrition security has been calling on all of you here today among many others to help us ensure that we reach millions more who are eligible for WIC. Without question, when we move the needle on increased participation and improved nutrition in WIC, we can expect to see meaningful impacts for millions of families. And collectively the proposed WIC food package changes aim to reflect the latest nutrition science. But are also tailored to make the program more attractive to current and potential participants. And these changes aim to encourage more eligible women and young children to get connected to WIC and stay connected to these vital services. And I was very happy to hear Dr. Gracia say at the top that TFAH is supportive of this Proposed Rule and plans to submit a public comment.

You will hear more about the comprehensive action laid out at the White House Conference on Hunger, Nutrition and Health. And the national strategy from Cat Oaker from the White House Domestic Policy Council later on in this panel this includes WIC along with several other policy actions.

Now of the dozens of actions listed for USDA in the national strategy, my message to all of you is that our top priority is a pathway for healthy school meals for all. This would essentially reorient the school meal programs from being an ancillary service to an integral dependent of the -- component of the school day like books, desks, and computers. Let me just wrap with a

heartfelt thank you to all of you for all of the work it took to lead up to this moment and all that is to come when I was a little girl my family and I directly benefited from several of the nutrition assistance programs that we've been talking about so I was a SNAP baby when it used to be called food stamps I was a WIC baby and school mill baby along with my brother and twin sister and now I have the privilege of working with all of you and many others to make these programs even stronger through a unified approach.

So, look forward to hearing from the other panelists today and discussing with all of you how we can collaborate on ways to make sure that all children in this country thrive and achieve food and nutrition security. Thanks.

#### >> **DR. NADINE GRACIA:**

Thank you very much, Dr. Bleich. Terrific presentation. Generated a lot of interest and questions from our audience. Please, to our audience members, continue to submit your questions in the Q&A.

We're going to next hear from Cherylee Sherry from the Minnesota Department of Health. Welcome, Cherylee, I'll turn it over to you.

#### >> **CHERYLEE SHERRY**

Thank you, Dr. Gracia and greetings again, my name is Cherylee Sherry. I manage the Minnesota State physical activity and grant program and work with a great team at the Minnesota Department of Health and I'm honored to be presenting about our SPAN activities for this important and timely webinar so I'm bringing it down to the state level and local level in my presentation.

The State Physical Activity and Nutrition program or SPAN, is a multi-faceted public health approach to addressing the increasing obesity rates and improving healthy nutrition access. The four components of this program include increasing breastfeeding, implementing healthy food and physical activity guidelines in early childcare and education sites, updating and improving foodservice guidelines in public buildings and facilities. And increasing access to physical activity. In Minnesota we also address health equity through community-driven pilot projects to allow for the community to decide which components they would like to focus on.

Next slide. The SPAN Program funding is important for Minnesota. If it wasn't for Federal funding and state investments, our results would be much higher than the national average.

Next slide. Our work as well as our partners' work is contributing to maintaining a relatively slow upward trend. This rate remains firmly below our neighboring four states, who have been experiencing increases during this same timeframe. Our work represents a long-term investment in obesity reduction. The fruits of which will take years to realize.



Next slide. Through our SPAN funding, we address the entire life cycle of nutrition and physical activity for Minnesotans with a particular focus on helping people build healthy habits from a young age our Office of Statewide health improvement initiatives or OSH. I bring assets to our SPAN grant in particular a state health improvement partnership or SHIP which is a Minnesota State investment allows our local public health agencies and Tribal Nations to partner with their communities in prioritizing and implementing evidence-based strategies that are designed to create healthier communities.

Next slide. We have established strong relationships with state partners such as the departments of agriculture, education, human services and transportation, just to name a few. However, the complicated comprehensive nature of this work requires strong relationships, partnerships and expertise at the local levels. Through local public health leadership that our SHIP program is active in, this map shows the partner sites, collaborative partnerships and engaged community leaders across Minnesota. We can't do this work alone. It is critical we establish and maintain strong partnerships. HIP provides a valuable infrastructure in which we draw upon for our SPAN work.

And next, I'm going to highlight our work in describing some of the SPAN components. We know the benefits of breastfeeding help make babies and birthing people healthier through SPAN we -- breastfeeding through SPAN we support implementation of evidence-based breastfeeding strategies that address infant feeding practices in facilities improved continuity of care and community support for breastfeeding and increasing workplace compliance. With the Federal and state lactation accommodation laws.

Next slide. With an equity focus, we collaborate and support Indigenous lactation training courses in continuity of care. And one of our community projects created a lactation storybook for the African American community through an extensive community engagement process.

Next slide. As a SPAN recipient, we've had the opportunity to apply for additional funds through TA and training providers such as the association for state territorial health officials. We received funding to establish a system in providing pasteurized donor human milk to newborns as a temporary bridge for parents experiencing low milk supply and financial need. The food shelf at north point, a Federally qualified healthcare center was one of our pilot projects and when I say food shelf, we mean in Minnesota, at least, we mean Food Bank or Food Pantry. We strive to build on healthy habits by ensuring early care and -- early childhood care and education sites. Providing the healthiest food, they can. And by implementing physical activity friendly guidelines. In addition to advocating for policies and system changes to incorporate healthy eating and physical activity education and training for our state quality rating and improvement system or the QRAS we take the lessons learned from other grant funding and have incorporated it into our SPAN work. Also, other EC activities have included offering physical activity Learning Sessions training on best practices for physical activity.

Next slide, please. With over 40 % of Minnesota children in the care of family, friends and neighbors, new models of supporting these childcare providers must be supported and integrated into the formal childcare system of support and education. We created a toolkit in partnership with two successful, diverse local family friend ed naked networks for our agencies and others and this is an example of a community -based approach to address early childhood health inequities. Next slide. We want to make sure when someone enters a public facility a healthy food option is available to them. We work with state and local public health agencies to increase the number of public facilities and workplaces that adopt foodservice guidelines and ensure sustainability. We are developing best practice standards in an implementation food kit for guidelines and practices, and we'll disseminate it throughout the state. In response to the increased need for emergency foodservices during the pandemic, we pivoted our SPAN activities to support the safe choice project in partnership with the University of Minnesota extension super shelf team and the foundation for essential needs. With support from our project partners , food shelves were identified across the state to purchase materials and supplies needed to allow shoppers choice in the food that they received while maintaining COVID safety for both the staff and shoppers .

Next slide, please. We also strive to increase opportunities to be physically active for people of all ages. Improving safety and access for active transportation and mobility focuses on increasing routine physical activity through daily movement. Such as walking, biking, and using transit for a portion or all trips to everyday destinations. Enhancing access to places for physical activity involves changes to the local environments. Such as creating walking trails and providing access to existing nearby facilities and destinations such as parks or grocery stores. Increased access is typically achieved in particular -- in a particular community through a multi-component strategy that includes training or education for participants .

Next slide . Through SPAN, we conduct walk able community workshops to guide communities through a coalition building process to develop and implement master plans and land use interventions that prioritize safer walking environments.

Next slide. Next slide -- no, we're good. Through SPAN, we also provide resources and training and TA to communities to capitalize on our experience of doing health equity analysis. We wanted to identify and develop and implement new physical activity and nutrition strategies in addressing inequities for specific priority populations .

Next slide. As one of only 16 states that currently receive SPAN funding, we are appreciative and supportive of the national strategy on hunger nutrition and health recommendation to expand SPAN to all 50 states and the territories. This would not only allow Minnesota to continue receiving funding for our critical work, but also allow other states and territories to build the same opportunities to be healthy. Thank you.

>> **DR. NADINE GRACIA:**

Thank you very much Cherylee. Wonderful to see what you are doing in communities across the state of Minnesota and how you're really embarking upon multi-sectorial partnerships to do this work in centering equity we are going to now turn to our third panelist, Cat Oaker from the Domestic Policy Council at the White House. After Cat 's presentation, we'll then move into our Q&A. So please keep submitting your questions. I'll now turn it over to Cat. Welcome, Cat.

#### >> CAT OAKAR:

Thanks so much Nadine and thank you to TFAH and everyone for having me. TFAH has been such an incredible partner to us as you may know we cited the latest obesity report in the White House strategy on hunger nutrition and health and TFAH is a tremendous partner overall so thank you so much to have me here. It's such a privilege to be here with you and learn from you and talk about the conference and the strategy and frankly where we go from here, I was privileged to be one of the co-leads on the White House conference and there's never been a more important time to discuss nutrition, health in this country. What's most startling about TFAH 's report is not only do 19 states have obesity rates over 35 % including my home state of Ohio, but a decade ago, no states had an adult obesity rate at or above 35 %. No states. That was just 10 years ago. This seems like lightning-fast increase in obesity rates, and we know rates of obesity reflect disparities in Communities of Color, in rural communities, that continue to persist year after year not just in obesity but other diet -related diseases, as well. And I know I'm preaching to the choir here, but we need to take action and we need to take bold action.

So go to the next slide, please. And next slide again. Perfect. Thank you. So, this is really why in September the President hosted the first White House Conference on Hunger, Nutrition and Health in over 50 years. And released a national strategy focused on one ambitious goal: ending hunger and reducing diet-related disease by increasing healthy eating and physical activity underpinned by reducing disparities and the reducing disparities piece is critical. We don't want to continue to perpetuate inequities that persist year after year and that really means making a concerted effort to think about the communities that are historically left behind.

Next slide. So national strategy is really anchored on five pillars which we'll talk a little bit more about, but it provides a roadmap for action that is we the Federal Government will take administratively. But it also includes a number of proposals that we are pushing for and encourage Congressional action. And lastly, it includes a Call to Action. For how entities across all sectors, including you, whether you're in State Government, local Government, as a CBO, private sector, et cetera, how you all can bring about the changes necessary to meet these goals, as well.

The strategy was really informed by the input of -- you can go back a slide. The strategy was really informed by the input of countless Americans. We tried to hear from as many of you as possible so from public health experts to advocacy organizations, school districts, faith groups, people with lived experience of hunger and chronic disease. Among many other communities. Via several listening Sessions and collecting online submissions and stories and hopefully many of you participated in some of those. So, at the end of the process, we identified five pillars or

priorities frankly for action to frame the strategy as I'll note today as Nadine pointed out there are tons of synergies with the recommendations that TFAH has made in their state of obesity report. And the strategy. And hopefully you'll see public health importance in all of these efforts and really see this as a full spectrum effort, instead of just nutrition or just physical activity. But really this is a structural and system issue that is a huge piece of the puzzle here.

So, on the next slide you'll see that our Pillar 1 really focuses on improving food access and affordability. And in order to do that, we know that we have to address the root causes of hunger and so that's why in the strategy we highlight that the Administration is really pushing for Congress to put more money in the pockets of American families through things like the child tax credits, raising minimum wage, helping in -- closing the Medicaid coverage gap but we also know that -- know that nearly 40 million Americans live in areas where grocery stores aren't even close by so that's why when we talk about investing in community and economic development we're thinking about ways and trying to help entities use Federal funds to for example convert a space into a corner market store or develop a grocery store in an area with limited access to affordable and nutritious foods but it also means we're working to strengthen and improve access to Federal assistance programs, like Sara mentioned, school meal programs SNAP and WIC and that of course includes creating a pathway to healthy free school meals to all and making it easy for individuals who qualify for things like SNAP to access things like Medicaid and child care subsidy but we're not just focused on food access and affordability, we're working to better integrate nutrition into the healthcare system.

So, on the next slide you'll see what we're doing in this space. Our work in this area really means expanding access to what we are calling and what has been deemed food as medicine intervention. It's really a pretty straightforward concept. This could look like increasing insurance coverage for say when a doctor who normally prescribes medication prescribes an individual fruits and vegetables to increase healthy eating. This also means screening for food insecurity. How many of you have gone into a doctor's office lately and they ask you questions about are you worried about where your next meal will come from? Increasing food insecurity screening helps providers know when a person is food insecure and connect that person with a Food Bank or SNAP. We want to enable providers to offer counseling on nutrition and food insecurity and obesity. That means not only ensure nurses and physicians get that training but also invest in training more nutritional professionals. That's what we mean by bolstering the healthcare workforce.

Next slide. When we talk about Pillar 3, we're really focused on empowering Americans to have and make healthy choices making the healthier choice the easier choice, so this is just a smattering of the pieces of the puzzle of the strategy that we're doing. But one of the pieces that I think is most exciting is working to develop a front-of-package labeling system so other countries have done this so maybe you see a certain number of stars, or a stop sign or a red, yellow, green light on the front of a package that helps you identify which foods are healthier and which are a little bit less healthy. That's something we're working towards we're also striving to make it easier when grocery shopping online. You can see the nutrition information

we're also trying to reduce the sodium content in food. And make it -- as well as added sugars. I think we all can attest to the fact that there's too much sodium, too much added sugars in our country's food supply so we're really trying to take steps to lower that and then certainly we're striving to create a healthier food environment by incentivizing the purchase of fruits and vegetables with SNAP dollars so we're working with Congress to expand the initiatives we're not just focused on food.

But on the next slide you'll see we're thinking about physical activity as well so that means we're trying to build environments that promote physical activity. So of course, we are hugely supportive of expanding the SPAN Program, as Cherylee pointed out, the tremendous work that they are doing in Minnesota, and we want to see that work in all 50 states. We're also really trying to connect more people to parks, particularly in nature deprived communities. Less than half of people in this country live within a half a mile of a park but we also know we need to invest in what guidelines people are using for physical activity so we're pushing to fund things like physical activity guidelines for Americans. So those continue to be updated and of course we're trying to support physical activity in school districts and in Federal facilities. So, whether that's trying to practice what we preach by making it easier to be physically active in Federal buildings or encouraging state and local school districts to bolster their physical activity time requirements and last but not least, on the next slide we are of course thinking about research. We want to ensure we are basing our nutrition policies on a sound body of evidence we know the nutritional science is constantly changing if you think about 20 years how different the guidance was to now and so we are really focused on bolstering that funding for nutrition science and working with Congress to make that happen .

As with the other pillars, equity is of course the cornerstone of this goal, so we really want to ensure that marginalized communities benefit equitably from the research that we are hoping to fund more and more of- So for example, for the Dietary Guidelines for Americans, HHS will select a diverse group with different points of view, different experience, different education, to really ensure that the diversity of the U.S. is reflected in the Dietary Guidelines and that they reflect and resonate with the diversity of this country. So that's what we have committed to doing

On the next slide you'll see but if we want to end hunger, it will take all of us, so we worked with the next slide you'll see the CDC Foundation to cultivate commitments from non-Federal entities from philanthropy, from the private sector, from state and local governments. And we were able to garner \$8 billion worth of commitments. Washington state has a tremendous example of doing an online pilot for WIC. And other activities. Chobani is also really trying to cultivate businesses to adopt a school and practice what they preach by paying their employees at least \$15 an hour but this is just the first tranche. So as we're thinking about -- and I think most people ask me the No. 1 question is what's next, what can I do? And the next and last slide as the President said, this is just the beginning. We are of course focused on strategy and implementation. So that we are doing what we say we're going to do in the strategy but we're also hopeful that additional companies, additional state and local governments and other entities will step up and join us to make commitments. That's where you all come in, we are

continuing to work with the CDC Foundation on the next tranche of commitments so I encourage you to reach out to them or certainly can reach out to me and I can put you in touch with them. And we are working hard to keep our ear to the ground, too. We don't want to just go into our offices and implement it. We want to make sure that we're doing it in a way that resonates and is impactful.

So, we want to continue to hear from you. So, I'm hopeful you will join our stakeholder calls not today because -- hopeful -- not today because it's happening as we speak but my TFAH colleagues can share that information to sign up and we want your feedback. Tell us what you need to help implement the strategy in your own communities as the President said it's going to take all of us, and I look forward to engaging with all of you in the work ahead thanks so much and back to you Nadine.

>> **DR. NADINE GRACIA:**

Fantastic thank you so much, Cat, to hear the level of commitment from the White House with regards to addressing hunger and nutrition and diet-related diseases with the historic conference, with a national strategy, really is so compelling. And you're hearing hopefully in our audience at a level of synergy, as well, its a cross sector, it's about some of the key areas that need to be addressed. So that concludes our panel presentations we're now going to open up for our Q&A and we've been seeing some robust questions coming in from our audience. Please Continue to submit your questions and we'll get to as many questions as possible in our time remaining. I'm happy to be joined by our colleague, Madison West, from TFAH who will help us moderate the Q&A Madison let me know if you're ready or if you want to toss off the first question.

## - Q&A -

>> **MADISON WEST:**

You can kick off the first question.

>> **DR. NADINE GRACIA:**

Let me go to Sara actually and Sara you touched on so many critical and important things. It is wonderful to see in particular. Your real expertise in bringing the public health lens into this USDA and one of the top priorities something to leave the audience with is getting to a pathway for example to healthy school meals for all I would love for you to expand a little more on that and also talk about the public health tools that you see at USDA that it has at its disposal to be able to advance these issues around food and nutrition security.

**>> DR. SARA BLEICH:**

I'm just taking myself off mute yes great question so in terms of advancing healthy school meals for all this is something that sits within Congress they would have to make the decision to do it we at USDA are very supportive of it because we do see it as one of our top priorities at USDA just to take a step back and talk about why it's so important , you know , every day 30 million schoolchildren receive free and reduced price meals and these meals have been shown to have all sorts of positive benefits they have been shown to improve diet quality they have been even shown to reduce obesity they have also been shown to have other impacts beyond nutrition and health such as improved academic achievement so there are a lot of public health reasons why it would make sense for all children not just children who are currently eligible to have access to healthy school meals in all schools . So that's something we will be pushing very hard for in the weeks and months ahead I would say to echo what Cat is saying around this is a whole of country approach there's a lot states can do in this space for example there already are some states like California like Massachusetts that have made the decision to go ahead and provide meals to all schoolchildren and these are really important steps that will get us as a country to where we are trying to go at the Federal level .

The second part of your question, Dr. Gracia are what are the tools we bring to bear? We certainly have the existing National School Lunch Program. We have the existing national School Breakfast Program which are the programs we're looking to expand to all children. Wrapping around those are a lot of education programs like teen nutrition -- team nutrition we also provide technical assistance, so, there are some schools that need equipment to actually do cooking from scratch, so we provide equipment grants.

We provide technical assistance to help school food operators identify how they can provide healthy food to the children. So, it's not enough to just make the food available. There's a lot of wrap-around things that have to happen including leveraging local and regional food systems, training up school food service providers, helping do more around nutrition education in schools. These are all areas that we work in but there are also areas that we can do more. So, we are going to be moving full throttle ahead. But we are really looking to partners around the country to help push forward with this effort because it matters to young children. It will make a difference in their trajectory. We know that many young children are predicted to have obesity when they get older so if we can hedge against some of that by using policies to get children in the healthiest position possible, it is going to benefit the country. So, just appreciate any efforts that are being done by those who are listening to lean in on this really important policy area.

**>> DR. NADINE GRACIA:**

Thank you so much, Dr. Bleich. And in particular how you also articulated the importance of focusing on this with our children and really trying to ensure we have healthy children who become healthy adults and have opportunity that prevention and public health focus and again

hearing that in particular from the USDA that has these important tools it can use to really help advance this. We did get a message in the chat. I wanted to shout this out, as well, that we have someone on from Maine stating that Maine also supports healthy school meals for all. So again, that kind of momentum is really important in what we can see in states across the country. Madison, shall I turn to you, or can I continue with questions?

**>> MADISON WEST:**

The next question is for Cherylee. There're quite a few questions in the chat regarding the importance of nutrition education, particularly for children and families. And we would really appreciate hearing more about your experience of nutrition education and supporting the communities that you work with.

**>> CHERYLEE SHERRY:**

So, for nutrition education, we collaborate with our Minnesota -- University of Minnesota extension. So, through their SNAP Ed funding that they have, we work along with them. I saw another question in regards about how do you not duplicate some of the services. So, we really figure -- we collaborate, and we really figure out what each other is doing and how we can align the work so that there's no duplication. I would also just in regard to thinking about the life skills and just nutrition education and all of those kinds of things, there are national health education standards for schools. And this was developed through a coalition of health education organizations, and I would encourage people, as we're talking about kind of opt national and state levels really supporting comprehensive health education standards using the national standards. It talks about health literacy because a lot of the things that we talk about is health literacy and bringing it in and everything is age appropriate. And then it's up to the schools to figure out how they are going to go about doing that, as well. But you know just in essence, it's like collaborate, knowing what other folks are doing and then it's like working with your communities to figure out, well, how can you develop something that's sustainable so that there is cooking classes and food available for people.

**>> MADISON WEST:**

Excellent, thank you. This next question is for Catherine. A question in the chat talked about community factors, such as housing, transportation, and community safety and we know that those conditions can be referred to as the social determinants of health. And so, this person was wondering what the Federal Government and across agencies and across departments is doing to think about the social determinants of health as it is continuing to implement the national strategy.

**>> CAT OAKAR:**

Sure, thanks Madison and thanks to the person who asked the question I think there's a lot. As we all know, social needs and social determinants of health are expansive. And so, a few of the



things I mentioned earlier on in terms of putting more money in peoples' pockets. When the President talked at the conference about permanently extending the Child Tax Credit but closing the Medicaid coverage gap. About thinking about and subsidizing child care. And so, these are some of the pieces of the puzzle and apologies if there's background noise on my end. But these are some of the pieces that we're thinking about in terms of just broadly social needs beyond quote-unquote the doctor's office, but we also recognize that that needs to come into the doctor's office, as well. So that is one of the reasons why you see in the strategy a huge focus on ensuring for Medicaid beneficiaries and Medicare beneficiaries as well as Veterans and military families and our military members. Making sure that the healthcare system is screening for things like food insecurity, not just food insecurity but housing and employment and other social needs that we know are inextricably linked with health. So, I think there's a lot there that we're trying to do and are pushing Congress to do, as well, and we're not planning to let up any time soon, but that's one of the reasons why we really try to lean in as much as we can on the strategy and will continue to do so.

>> **MADISON WEST:**

Excellent thank you so much. This next question is for Dr. Bleich. One of the people who is attending this webinar noted that although some people may have access to food, those foods may not be nutritionally healthy for them, or they might have an overrepresentation of nutrients like fat and salt. Could you discuss how this understanding is implemented in the nutrition security framework and what work USDA is doing to address this issue?

>> **DR. SARA BLEICH:**

Yeah, great question. So first off, I would say that the person who asked this question is spot on. Just because you have access to food does not mean you have access to healthy food and/or you're making choices that reflect a healthy diet. So, in terms of things that we're doing, there's a whole lot that's happening in the space of trying to help consumers make healthy choices. And also make sure that our programs are supporting that as much as possible when I say programs, I'm referring to the suite of 15 Federal nutrition assistance programs. So, one key thing I mentioned but I do think it's worth repeating is what has happened with the SNAP program. That's formally food stamps, the Supplemental Nutrition Assistance Program.

So, in October of 2021, there was a re-evaluation that happened. It was not cost neutral. Which meant that the overall size of the SNAP allotment increased on average by 21 % or \$36 per person per month. This is a game changer for putting healthy food within reach. Another important thing that happened this October 2022, is that SNAP has designed to adjust for inflation and so this year the average size of the SNAP benefit increased by 12.5 % which is one of the largest inflationary increases in the history of the program. So, that means if someone was going to the market and they wanted to purchase something that might be unaffordable for someone who is not on the program because of how prices have gone up, that item should still be in reach. So that's one important thing that's happening with SNAP. Another important thing, is that update to the WIC food packages that I mentioned WIC is one

of the strongest public health programs that we have, and this update is aligning WIC with the latest nutrition science. This is going to make the positive outcomes that we have seen for this program even stronger.

And a third to mention is school meals. So, we are going to be having a Proposed Rule on school meal standards which will strengthen the standards of what kids eat in school. There's a lot of evidence that we know from the healthy hunger free kids act which looks at some of the questions that were raised in the chat like if the foods are healthier does that increase wastage in school the answer from the evidence from robust evidence is that's not the case does it lead to more kids not taking the meals? No, in fact there's a lot of curiosity from the kids in taking the meals. Does it increase diet quality? Yes. Does it reduce obesity? Yes. So, there's a lot of evidence about the programs that we run that drive toward healthy choices and then there are other things that have happened that are just going to make it easy, so a game changer. Another one that happened during the pandemic is that now 49 states and the District of Columbia allow individuals who participate in SNAP, which is about 41 million Americans each month, allow them to use their benefits online.

Prior to the pandemic, this was in only 5 states. What this means practically is about 97% of participants can go online and make purchases. That's significant if you have physical access problems in the places that you live. Because now you can go online and get those foods delivered to you.

So, none of this is perfect. We have so much more work that we can be doing. But the message I would want to leave with the person who asked the question and those who are listening is we take the importance of nutrition security for all Americans extremely seriously and we are looking across all of our programs to ask the question, what more can we do to make sure that all Americans have consistent and equitable access to healthy, safe, and affordable food? And this directly complements the goals of the White House conference which are to end hunger and reduce diet-related diseases and disparities by 2030, so we're very much in lockstep and looking to use all of our equities to drive towards meaningful solutions.

**>> MADISON WEST:**

Fantastic, thank you so much. We are coming right up on our time here so I'm going to turn it back to Dr. Gracia to provide us with closing remarks and thank you, everyone, for submitting your questions.

**>> DR. NADINE GRACIA:**

Thank you, Madison. And thank you again to all of our panelists. As you can see, it's not only a wealth of information, you can see the depth and level of commitment from all of our panelists with regards to these critical issues as it relates to addressing obesity, to reducing hunger. And reducing diet-related diseases and advancing healthy nutrition. We want to thank all of you for tuning in. We've been putting information into the chat, as well, and are going to have follow-

on information after today 's webinar. That you can have to use in the work that you do each and every day. Let me thank, as well, our staff at Trust for America's Health who have been behind the scenes helping to ensure the logistics of this webinar have moved through smoothly. Clearly, this is an issue we are going to continue to work on. It's an issue that we must all work on together, this whole country, whole society approach to really addressing these issues, social determinants of obesity, to advancing equity and ending disparities. So, to leave you we are going to have a recording of this webinar, along with the slides from all of the presentations and additional resources that will be available on our website at trust for America 's health @TFAH .org in the coming days so thank you. Take care everyone. We look forward to continuing this movement together.