The State of Obesity 2022: Better Policies for a Healthier America

Congressional Briefing and National Webinar

November 30, 2022
3:30 – 4:30 PM Eastern Time

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tfah.org

#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
tfh.org
Agenda

Welcome and overview of 2022 State of Obesity report

Presentations from panelists

Questions and Answers

Closing
High Rates of Adult Obesity Continue to Increase

- 19 states now have adult obesity rates at or above 35 percent; up from 16 states in 2021

Source: TFAH analysis of BRFSS data
Obesity Rates Vary Substantially by Race and Ethnicity

Obesity is caused by a combination of factors including societal, biological, genetic, and environmental, which are often beyond personal choice.

SOURCE: NHANES
Special Feature: Food and Nutrition Insecurity Among Youth and Families

- Connection of youth obesity and food insecurity
- Food insecurity and food assistance programs during COVID-19
- Critical policies and programs: hunger and nutrition programs, food in childcare and education settings, CDC programs

WHAT IS NUTRITION SECURITY?

Consistent and equitable access to healthy, safe, and affordable foods that promote optimal health and well-being.

Food insecurity in U.S. households with children became more prevalent in 2020.
Topline Policy Recommendations

- Congress should increase funding for CDC Division of Nutrition, Physical Activity, and Obesity (DNPAO) programs that create healthier communities
- Congress should increase funding for the CDC’s social determinants of health (SDOH) program
- Congress should increase funding for nutrition assistance programs including Supplemental Nutrition Assistance Program (SNAP), WIC, and school meals
- Congress and state/local governments should tax sugar-sweetened beverages and close tax loopholes for unhealthy food marketing
- Congress and state/local governments should invest in active transportation routes
- Congress and state governments should expand health care access
## TFAH Priorities in White House National Strategy on Hunger, Nutrition and Health

<table>
<thead>
<tr>
<th>National Strategy Pillar</th>
<th>TFAH Priorities</th>
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| **Pillar 1. Improving food access and affordability**          | • Provide Healthy School Meals for All  
• Improve economic conditions (increasing minimum wage)  
• Close the Medicaid gap  |
| **Pillar 2. Integrating nutrition and health**                 | • Expand screening of SDOH including food insecurity  
• Ensure all insurance providers cover obesity and nutrition services  |
| **Pillar 3. Empowering all consumer to make and have access to healthy choices** | • Improve quality of school meals  
• Increase produce benefits in SNAP and WIC  
• Develop front-of-package labeling  |
| **Pillar 4. Supporting physical activity for all**            | • Expand State Physical Activity and Nutrition (SPAN) Program grant to all 50 states and U.S. territories  |
| **Pillar 5. Enhancing nutrition and food security research**  | • Increase research for nutrition related diseases  |
What’s Next: TFAH Advocacy Priorities

• Help lead multisector coalition to expand CDC’s State Physical Activity and Nutrition (SPAN) grant funding to all 50 states and the U.S. territories.
• Support passing a strong and bipartisan Child Nutrition Re-authorization (CNR).
• Urges FDA to research and issue a front-of-package label rule.
• Will comment in support of the proposed rule to update and increase WIC benefits.
Welcome to Our Panelists

Sara Bleich, PhD
Director of Nutrition Security and Health Equity
U.S. Department of Agriculture

Cherylee Sherry, MPH, MCHES
Manager of Healthy Systems and Communities
Minnesota Department of Health

Catherine Oakar, MPH
Special Assistant to the President for Public Health and Disparities
The White House
Sara Bleich, PhD
Director of Nutrition Security and Health Equity
U.S. Department of Agriculture
usda.gov
USDA’s Actions to Advance Food and Nutrition Security

Trust for America’s Health Congressional Briefing

Dr. Sara Bleich, Director of Nutrition Security and Health Equity, USDA Food and Nutrition Service (FNS)

November 30, 2022
Trends in the prevalence of food insecurity and very low food security in U.S. households, 2001-21, percent of households

In Atlanta, black patients with COVID-19 were more likely to be hospitalized than white patients.*

The federal government, public health professionals, community organizations, healthcare systems and providers, and individuals can take action to reduce health disparities.

*In Metro Atlanta, March-April, 2020
Structural racism in practice
Improving dietary intake is critical

6 in 10 adults are living with one or more diet-related chronic diseases.

Data Source: Analysis of What We Eat in America, NHANES 2015-2016, ages 2 and older, day 1 dietary intake data, weighted.

NOTE: HEI-2015 total scores are out of 100 possible points. A score of 100 indicates that recommendations on average were met or exceeded. A higher total score indicates a higher quality diet.
Nutrition security:

Ensuring all Americans have consistent and equitable access to healthy, safe, and affordable foods essential for optimal health and well-being.
PROPOSED UPDATES TO THE WIC FOOD PACKAGES

OVERVIEW
WIC is a powerful public health program, proven to help moms, babies, and young children thrive. USDA’s Food and Nutrition Service is recommending science-based updates to the food provided to WIC participants to best meet their nutritional needs and foster healthy growth and development. Some of the proposed changes are highlighted below.

BREASTFEEDING SUPPORT
Increase support for mothers who mostly, but not exclusively, breastfeed to support individual breastfeeding goals.

SEAFOOD
Improve access to canned fish to reflect the latest dietary guidance.

DAIRY AND EGGS
Provide more options, such as different sizes of yogurt containers or substituting soy yogurt for milk or tofu for eggs.

FRUITS AND VEGETABLES
Increase fruit and vegetable benefit by 3-4x, focus on whole fruit, and increase variety of fruits, veggies, and legumes offered.

GRAINS
Expand whole grain options to include things like quinoa, blue cornmeal, and white wheat bagels.

https://www.fns.usda.gov/wic/fr-112122
White House Conference on Hunger, Nutrition, and Health
THANK YOU & STAY CONNECTED
www.usda.gov/nutrition-security
@USDANutrition
Cherylee Sherry, MPH, MCHES
Manager of Healthy Systems and Communities
Minnesota Department of Health
health.state.mn.us
MDH State Physical Activity and Nutrition

Office of Statewide Health Improvement Initiatives

November 2022
MN SPAN Components

• Breastfeeding Interventions
• Early Care and Education (ECE) Nutrition and Physical Activity
• Healthy Food Service Guidelines
• Safe and Accessible Physical Activity
• Community Pilot Projects
State of Obesity-5 State Region

Adult Obesity Rate, 5 State Region

PERCENT OBSE

20 25 30 35 40


Minnesota  Iowa  North Dakota  South Dakota  Wisconsin

33.0%, U.S.
Minnesota SPAN Theory of Change

**OSHII Assets**

- OSHII Staff Expertise & Statewide Partnerships
- Local Public Health Infrastructure
- Statewide Health Improvement Partnership (SHIP)
- OSHII Capacity Building Efforts in Health Equity

**Spread of Efforts in Health Equity**

**Year 1-2 Strategies**

- State Led Strategies
  - Change state level policies and guidelines
- Locally Led Strategies
  - Increase the number of settings
    - implement nutrition and physical activity strategies

**Years 2-5 Strategies**

**Medium Term Outcomes**

- Increased the number of:
  - ECE settings that implement enhanced PAN standards
  - places that implement supportive breastfeeding interventions;
  - places that implement healthy food service guidelines;
  - places that implement community planning and transportation inventions that support safe and accessible physical activity.

**Long Term Outcomes**

- Increased Number of Minnesotan’s
  - Purchasing healthier foods
  - Breastfeeding
  - Being physically active via walking
  - ECE nutrition & physical activity standards met
Local Leadership, Local Partners, Local Expertise

- 5,250 partner sites
  - worksites, childcare & schools, healthcare & community spaces
- 2,100 collaborative partnerships
- 850+ engaged community leaders

to increase access to active living, health eating and commercial tobacco-free environments where Minnesotans live, work, learn and play.
Strategy: Breastfeeding

health.state.mn.us
Indigenous Lactation Course

FOR HEALTH CARE PROVIDERS
A FREE 20 hr Indigenous Lactation training that centers how to support Indigenous lactating families as a health care provider.

Topics include:
- A brief history of Native people in the US
- Affects of historical trauma on Native families
- What mothers and families want for lactation support
- Empathy and strengths based approach for clients
- How milk gets from breast to baby
- Indigenous Birth practices and breastfeeding
- Practices that assist breastfeeding and milk supply... and more!

September 28-30, 2022
Bemidji, MN
Register on Eventbrite

The instructors: This Indigenous Lactation training was created by Camie Joe Sieckhammer, MSW, LIGS, BCLC (Stetson Kohperelo), Camie and Kimberly Moore-Salas, BCLC (Yata). Use the contact instructions.

In a co-op with: Medicine Drumming, DineMazin Health Fair in Lacrosse, MN
Contact for info: priscilahealth@gmail.com, 320-346-4582, www.askwow.com

health.state.mn.us
Breastfeeding Innovative Intervention

NorthPoint Health and Wellness Center Food Shelf
MINNESOTA
Farm to Early Care

Strategy: Early Care and Education
Family, Friend and Neighbor
Child Care Networks

A community-based solution to early childhood health and education inequity
Strategy: Physical Activity

Safe Physical Activity Access
Walkable Community Workshops

Community Walk Audit

Implementation Planning
Strategy: Community Pilots
Thank You!

Cherylee Sherry, MPH, MCHES®
Cherylee.Sherry@state.mn.us
651-201-3769
Catherine Oakar
Special Assistant to the President
for Public Health & Disparities
The White House
Our Goal: By 2030, end hunger and increase healthy eating and physical activity to reduce diet-related disease while also reducing disparities.
National Strategy on Hunger, Nutrition, and Health
National Strategy on Hunger, Nutrition, and Health

• Anchored around **five pillars**

• Provides a **roadmap** for:
  • Federal gov’t actions
  • Legislative proposals; and
  • A call to action for private sector; government; philanthropy; civil society; and others.

Pillar 1: Improve Food Access and Affordability

• Address the root causes of hunger
  • Permanently extending the child tax credit
  • Raising the minimum wage to $15/hr
  • Expanding Medicaid coverage

• Invest in community and economic development
• Improve access to and modernize federal assistance programs like SNAP and WIC
• Work toward free healthy school meals for all
Pillar 2: Integrate Nutrition and Health

• Expand access to “food is medicine” services, like medically-tailored meals and produce prescriptions
• Increase screening for food insecurity and other social needs
• Improve access to counseling on nutrition and obesity
• Bolster the health care workforce
Pillar 3: Empower Consumers to Make and Have Access to Healthier Choices

- Develop front-of-package labeling for food products
- Make it easier to find nutrition information when grocery shopping online
- Reduce the sodium content in food
- Expand incentives for fruits and vegetables in SNAP
- Work to develop added sugar targets
Pillar 4: Support Physical Activity for All

• Build environments that promote physical activity
  • Expand CDC’s State Physical Activity and Nutrition Programs (SPAN) to all states and territories
  • Connect more people to parks
  • Promote active transportation and land use policies

• Fund regular updates to the Physical Activity Guidelines for Americans

• Support physical activity in schools and federal facilities

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Pillar 5: Enhance Nutrition and Food Security Research

• Bolster nutrition research funding
• Ensure diversity and inclusion in nutrition, health, and food security research, including through the Dietary Guidelines for Americans process
• Expand and diversify the nutrition science workforce
External Commitments
$8 Billion in External Commitments

**Examples**

- **Washington State Dept. of Health** will launch an online ordering pilot for WIC; enable benefits to be used at farmers’ markets; transition to a card-based system for fruit and vegetable prescriptions; and reduce transportation barriers for WIC participants.

- **Chobani** will launch a national corporate responsibility initiative to encourage businesses to “adopt-a-school” and pledge to make it food- and nutrition-secure and will pay their employees at least $15/hour.
What’s Next?

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Next Steps

The conference and the strategy release are just the beginning.

Moving forward, we are focused on:

• Strategy implementation
• Additional commitments from the public and private sectors
• Continued engagement & momentum
  • Join our monthly stakeholder calls

#WHConfHungerHealth
Submit Questions for Our Panelists

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The recording and slides will be available at tfah.org.