

**BIDEN-HARRIS
ADMINISTRATION
NATIONAL
STRATEGY ON
HUNGER,
NUTRITION, AND
HEALTH**

SEPTEMBER 2022



**THE WHITE HOUSE
WASHINGTON**



THE WHITE HOUSE
WASHINGTON

Today I am convening the first White House Conference on Hunger, Nutrition, and Health in over 50 years. Yes, there is still hunger in America. But over the past 50 years, we have learned so much more about nutrition and the role that healthy eating plays in how our kids perform in the classroom and about nutrition and its linkages to disease prevention. This important conference and the commitment to a national strategy on ending hunger and healthier eating will build on the research and knowledge we now have to make America truly a stronger, healthier nation.

With this gathering of elected officials; advocates and activists; and leaders of business, faith, and philanthropy from across America, we are mobilizing the will to meet a bold goal: to end hunger in America and increase healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases.

This national strategy will serve as the playbook to meet this vital goal. It calls for a whole-of-government and whole-of-America approach to addressing the challenges we face. When families can't afford healthy food options, it's harder for children to succeed in school, and it can lead to mental and physical health challenges for the whole family. For so many families—including families of color, those living in rural communities and territories, and low-income families—structural inequality, such as disparities in educational and economic opportunities and lack of access to health care, safe housing, and transportation, make the impact of hunger and diet-related diseases even more severe. The pandemic made these problems worse, reinforcing the need for urgent, sustained action.

Despite these challenges, we know what to do. This national strategy builds on the historic strides that my Administration has already made to bolster economic security for American families and cut child poverty across the country. And it harnesses our greatest resource—our fellow Americans.

Everyone has an important role to play in addressing these challenges: local, State, territory and Tribal governments; Congress; the private sector; civil society; agricultural workers; philanthropists; academics; and of course, the Federal Government. In developing this national strategy, my Administration has listened to and learned from many remarkable advocates, including people who have experienced hunger and diet-related diseases themselves. To all of you, I am grateful for your unwavering commitment to meet this moment.

Together, we can build a healthier future for all Americans.



Table of Contents

Executive Summary	4
Current Hunger, Nutrition, and Health Landscape	6
The National Strategy	8
Pillar 1—Improve Food Access and Affordability: <i>End hunger by making it easier for everyone—including individuals in urban, suburban, rural, and Tribal communities, and territories—to access and afford food.</i>	8
Pillar 2—Integrate Nutrition and Health: <i>Prioritize the role of nutrition and food security in overall health—including disease prevention and management—and ensure that our health care system addresses the nutrition needs of all people.</i>	17
Pillar 3—Empower All Consumers to Make and Have Access to Healthy Choices: <i>Foster environments that enable all people to easily make informed, healthy choices, increase access to healthy food, encourage healthy workplace and school policies, and invest in public education campaigns that are culturally appropriate and resonate with specific communities.</i>	22
Pillar 4—Support Physical Activity for All: <i>Make it easier for people to be more physically active—in part by ensuring that everyone has access to safe places to be active—increase awareness of the benefits of physical activity, and conduct research on and measure physical activity.</i>	28
Pillar 5—Enhance Nutrition and Food Security Research: <i>Improve nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.</i>	31
Appendix: Acknowledgments.....	36
Appendix: Development of the Strategy.....	37
References.....	39



Executive Summary

More than 50 years since the first White House Conference on Food, Nutrition, and Health, the U.S. has yet to end hunger and is facing an urgent, nutrition-related health crisis—the rising prevalence of diet-related diseases such as type 2 diabetes, obesity, hypertension, and certain cancers. The consequences of food insecurity and diet-related diseases are significant, far reaching, and disproportionately impact historically underserved communities. Yet, food insecurity and diet-related diseases are largely preventable, if we prioritize the health of the nation.

The Biden-Harris Administration envisions an America where no one wonders whether they will have enough money to put food on the table, where the healthy food choice is the easier choice, and where everyone has the same opportunity to be physically active. Transformative programs, policies, and system changes are needed within and outside government to achieve this vision. There is no silver bullet to address these complex issues, and there is no overnight fix. Making progress requires collective, sustained action and mobilization across every segment of society. **That is why President Biden announced a goal of ending hunger and increasing healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases—while reducing related health disparities.**¹

To advance the President’s goal—and build on the federal government’s existing work to address hunger and diet-related diseases—this strategy identifies ambitious and achievable actions the Biden-Harris Administration will pursue across five pillars:

- 1. Improving food access and affordability**, including by advancing economic security; increasing access to free and nourishing school meals; providing Summer Electronic Benefits Transfer (EBT) benefits to more children; and expanding Supplemental Nutrition Assistance Program (SNAP) eligibility to more underserved populations;
- 2. Integrating nutrition and health**, including by working with Congress to pilot coverage of medically tailored meals in Medicare; testing Medicaid coverage of nutrition education and other nutrition supports using Medicaid section 1115 demonstration projects; and expanding Medicaid and Medicare beneficiaries’ access to nutrition and obesity counseling;
- 3. Empowering all consumers to make and have access to healthy choices**, including by proposing to develop a front-of-package labeling scheme for food packages; proposing to update the nutrition criteria for the “healthy” claim on food packages; expanding incentives for fruits and vegetables in SNAP; facilitating sodium reduction in the food supply by issuing longer-term, voluntary sodium targets for industry; and assessing additional steps to reduce added sugar consumption, including potential voluntary targets;

¹ Ending hunger will be measured by a reduction in the number of households with insufficient food (defined as very low food security) to less than 1% of households and cut the number of households struggling to put enough nutritious food on the table (defined as food insecurity) in half.



4. **Supporting physical activity for all**, including by expanding the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention's (CDC) State Physical Activity and Nutrition Program to all states and territories; investing in efforts to connect people to parks and other outdoor spaces; and funding regular updates to and promotion of the *Physical Activity Guidelines for Americans*; and
5. **Enhancing nutrition and food security research**, including by bolstering funding to improve metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity and access; and implementing a vision for advancing nutrition science.

The federal government cannot end hunger and reduce diet-related diseases alone. The private sector; state, Tribal, local, and territory governments; academia; and nonprofit and community groups must act as well. This strategy details Calls to Action for all these entities to do their part. Taken together, these collective efforts will make a difference and move us closer to achieving the 2030 goal.



Current Hunger, Nutrition, and Health Landscape

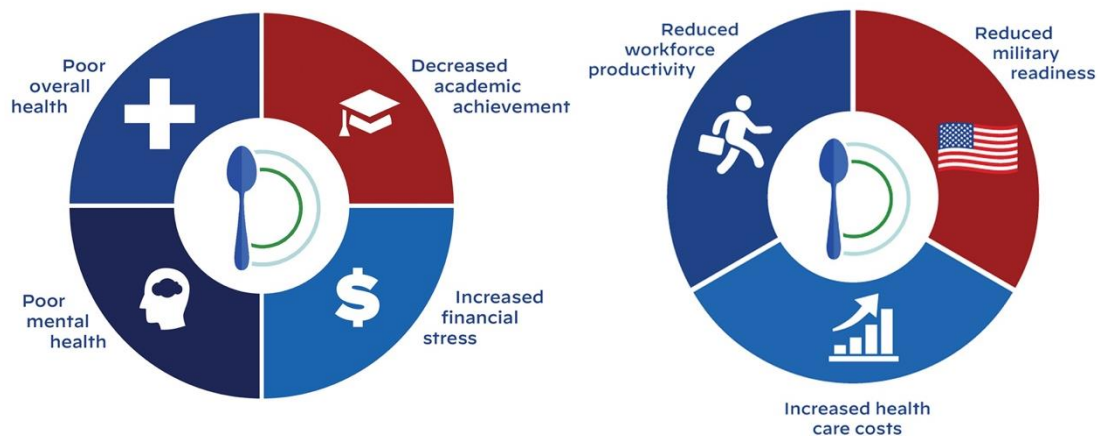
President Biden has set out a goal of **ending hunger and increasing healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases—all while reducing health disparities.**

In 2021, 1 in 10 households experienced food insecurity, meaning their access to food was limited by lack of money or other resources.¹ Nearly 4% of households in 2021 experienced very low food security, meaning they were regularly skipping meals or reducing their intake because they could not afford more food.² When someone experiences very low food security, they are most likely to also experience hunger.³

Moreover, diet-related diseases are some of the leading causes of death and disability in the U.S. New data show that 19 states and two territories have an obesity prevalence at or above 35%, more than double the number of states from 2018.⁴ One in 10 Americans have diabetes.⁵ One in 3 people will have cancer in their lifetime.⁶ And, more than 4 in 10 Americans have hypertension (high blood pressure),⁷ which is linked to the leading causes of death for Americans: heart disease and stroke.⁸

The toll of hunger and diet-related diseases is not distributed equally; these challenges disproportionately impact communities of color, people living in rural areas, people living in territories, people with disabilities, older adults, LGBTQI+ people, military families, and Veterans.⁹

Impacts of Food Insecurity & Diet-Related Diseases: Individual and Societal Costs¹⁰



The COVID-19 pandemic exacerbated food insecurity, diet-related diseases, and health disparities. At the start of the pandemic in early 2020, the percentage of food insecure households with children reached 14.8%, up from 13.6% in 2019.¹¹ This increase disrupted a decade-long downward trend.¹² Devastatingly, diet-related diseases also increase the risk for severe symptoms and death from COVID-19. One study estimated that nearly two-thirds of



COVID-19 hospitalizations in the U.S. were related to obesity, diabetes, hypertension, and heart failure.¹³

Diet-related diseases are caused in part by poor eating patterns including excess calorie intake—and the failure to meet the *Physical Activity Guidelines for Americans*.¹⁴ The vast majority of Americans do not eat enough vegetables, fruits, or whole grains and eat too much saturated fat, sodium, and added sugars.¹⁵ And, only 23% of Americans meet physical activity recommendations.¹⁶ Regular physical activity can reduce the risk of heart disease and diabetes, help manage weight, strengthen bones and muscles, and improve people’s ability to do everyday activities.¹⁷

However, a complex web of factors causes food insecurity and contributes to diet-related diseases and health disparities. Education and job opportunities; access to health care, safe housing, and transportation; and neighborhood design all affect an individual’s ability to obtain food, make healthy choices, and remain physically active. For example, people who live in communities without grocery stores offering affordable and healthy food options may face compounding challenges, particularly if they also do not have access to transit that allows them to travel to a nearby grocery store.¹⁸ Disparities in food insecurity and diet-related diseases exist in part because of persistent structural inequities. For example, people who lack access to food outlets that sell healthier foods tend to be lower-income, Black, or Hispanic; live in rural areas; and are geographically concentrated in the south.¹⁹ And, people living in territories, Alaska Natives, and Native Hawaiians are highly dependent on food imports, leading to less access to healthy and affordable foods. Additionally, children from low-income families typically have fewer opportunities to be physically active because of lesser access to safe streets and playgrounds.²⁰



The National Strategy

This strategy outlines the Biden-Harris Administration’s plan to drive transformative change to end hunger and reduce diet-related diseases and disparities. By outlining ambitious, achievable, and sustainable actions the federal government will take to fundamentally shift the country’s food, nutrition, and health policies across five pillars, this strategy creates a path to achieving our goals over the next decade.

The federal government cannot make these transformative changes alone. Accelerating this work will require actions by state, Tribal, local, and territory governments; academia; civil society; philanthropy; the private sector; and other partners. This strategy includes recommended steps these other sectors of society must take to reach our 2030 goal.

Pillar 1—Improve Food Access and Affordability: *End hunger by making it easier for everyone—including individuals in urban, suburban, rural, and Tribal communities, and territories—to access and afford food.*

A critical step to reduce hunger and associated disparities is helping all Americans become economically secure. Toward this end, President Biden signed into law the **American Rescue Plan (ARP)**, which helped drive a historic and historically equitable jobs recovery.²¹ The expansion of the **Child Tax Credit (CTC)** through the ARP in 2021 helped cut child poverty nearly in half²²—driving it to record lows, including for all racial and ethnic groups measured—reduced food insecurity by roughly 26%,²³ and led to the lowest share of households with children that were food insecure on record.²⁴ The Administration has also partnered with Congress on historic legislation that will lower costs for American families—including health care costs— so they do not need to make the choice between putting food on the table and covering other essential needs.

The Biden-Harris Administration is committed to continuing progress in reducing food insecurity for American households by pushing for Congress to **permanently extend the expanded, fully refunded CTC and expanded Earned Income Tax Credit**. The Administration will continue to work with Congress to: **raise the minimum wage to \$15 an hour; close the Medicaid coverage gap; invest in affordable, high-quality child care; and expand the Housing Choice Voucher program to ensure low-income families, older adults, and people with disabilities can afford decent, safe, accessible, and sanitary housing**. The Biden-Harris Administration will continue to advance policies that **increase worker power and workers’ rights** to collectively bargain—including for the workers who grow, produce, and process our food, transport it to grocers, and stock grocery store shelves. Further, the Department of Defense (DoD) will implement the new Basic Needs Allowance created by Congress, which will ensure military households earn salaries sufficient to meet their basic food needs.

Along with advancing policies that bolster families’ economic security, below are additional steps the Biden-Harris Administration will pursue to improve food access and affordability.



A. *Help more individuals experiencing food insecurity benefit from federal assistance programs.*

Federal nutrition assistance programs such as the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the Child Nutrition Programs, increase food security and well-being and help lift tens of millions of Americans out of poverty. The Biden-Harris Administration has taken pivotal steps to dramatically expand access to and strengthen these programs. For example, building on the ARP’s temporary increase in SNAP benefits, the U.S. Department of Agriculture’s (USDA) Thrifty Food Plan update increased SNAP benefits by an average of \$36.30 per person per month beginning in October 2021. This SNAP benefit increase lifted an estimated 2.3 million people out of poverty—including nearly 1 million children, with an even greater impact on children of color.²⁵

Building on this progress, the Biden-Harris Administration will:

- **Advance a pathway to free healthy school meals for all.** Every school day across America, school meals provide critical nourishment to more than 30 million children. While school meals have demonstrated strong positive impacts on children’s nutrition and other key outcomes, we have not yet fully leveraged school meals as a core intervention to improve child health or child hunger. A “healthy meals for all” approach would reorient the school meal programs from an ancillary service to an integral component of the school day and allow schools to focus on providing the highest quality meals and engaging children around healthy food. Essential components of this approach are expanding efforts to increase access to local and regional food systems, enabling more schools to cook meals from scratch by funding training and equipment purchases, investing in the school nutrition workforce, and expanding nutrition education for children. Elevating school meals is a key strategy to improve our nation’s health and would benefit all children—importantly, it would significantly strengthen the school meals program for those children who rely upon it the most. The Biden-Harris Administration will take a major first step by working with Congress to expand access to healthy, free school meals for 9 million more children by 2032.
- **Expand Summer Electronic Benefits Transfer (EBT) to more children.** Food insecurity and weight gain increase during the summer months when children have limited access to school meals, particularly among Black and Latino children and children who are already at higher risk for obesity.²⁶ Through the ARP’s Summer Pandemic-EBT (P-EBT) program, over 36 million children received Summer P-EBT benefits in summer 2021, and 43 states and territories are on track to provide Summer P-EBT benefits to an estimated over 32 million children in 2022. Summer-EBT decreases the prevalence of the most severe food insecurity among children and improves children’s nutritional outcomes.²⁷ The Biden-Harris Administration continues to support an expansion of Summer-EBT so children can access nourishing meals when school is not in session.
- **Expand SNAP eligibility to additional underserved populations.** SNAP is a proven intervention to address food insecurity; however, not everyone who has income low enough to qualify for the program is eligible. For example, federal law currently prohibits



many **formerly incarcerated individuals**—a number of whom are parents of young children—from accessing SNAP benefits, jeopardizing their health and making it more likely they will struggle to successfully re-enter society and avoid re-offending.²⁸ This restriction disproportionately impacts Black individuals.²⁹ The Biden-Harris Administration will work with Congress to eliminate this prohibition. In addition, the current two-tiered structure for nutrition assistance does not provide equitable benefits to the territories. The Administration supports granting territories the option to transition from current block grants to SNAP. Additionally, rather than reducing barriers to employment, research demonstrates that time limits on SNAP eligibility amplify existing inequities in food and economic security. And, SNAP’s college student eligibility restrictions are out of date given the current population who seek higher education credentials, many of whom are older, have low income, and hold caregiving responsibilities. Other vulnerable populations such as youth who aged out of foster care and families providing kinship care, could also benefit from expanded access to nutrition benefits. The Biden-Harris Administration will work with Congress to expand access to this vital program.

- **Increase funding for the Older Americans Act (OAA) nutrition programs.** Older adults experience unique health, social, and nutrition challenges such as decreased mobility and limited shopping and cooking ability. The Biden-Harris Administration will work with Congress to increase funding for OAA nutrition programs, which play a vital role in helping older adults remain healthy and independent.
- **Make it easier for eligible individuals to access federal food, human services, and health assistance programs such as SNAP, WIC, and Medicaid.** Too often, people are eligible for federal assistance programs but do not benefit from them. To further facilitate participation in federal assistance programs:
 - **USDA** will work with the Department of Health and Human Services (HHS) to help states identify individuals enrolled in one program who appear eligible for others but are not yet enrolled. For example, states could work to inform pregnant women and parents of young children enrolled in Medicaid and/or SNAP but who are not participating in WIC about WIC services.
 - **USDA** will advance the WIC Modernization strategy to invest in community-based outreach, streamline the participant experience, improve the in-store experience, expand access to farmer’s markets, and increase diversity and cultural competency in the **WIC** workforce.
 - **USDA** will partner with the Department of Education (ED), Social Security Administration (SSA), and other agencies to increase outreach and awareness of SNAP, including to eligible college students, older adults, and individuals with disabilities. For example, USDA and ED will establish a Memorandum of Understanding (MOU) to conduct joint outreach to Pell Grant recipients and others to inform them of their potential eligibility for SNAP benefits.
 - **SSA** is developing a rulemaking that would discontinue Supplemental Security Income (SSI) benefit reductions based on the person’s receipt of food as in-kind support and maintenance (ISM). No longer considering food for ISM is expected to generally result in a higher SSI payment for SSI recipients who receive food support from friends or family.



- HHS Administration on Children and Families (ACF) will support outreach to families that may be eligible for SNAP and nutrition programs, and share best practices to support their enrollment by developing research, training and tools for state and community-based grantees of HHS ACF programs, including Temporary Assistance for Needy Families (TANF) and Community Services Block Grant Program (CSBG).
- HHS ACF will also issue a model application and guide to help states develop improved applications and verification processes for child care subsidies and encourage collaboration between state child care agencies and state agencies administering food and nutrition programs. Such early care and education programs are an essential source of healthy meals and services that support the growth and wellbeing of young children.
- HHS ACF will disseminate best practices on how partnerships between TANF charitable organizations and food banks can fill critical nutrition gaps for families. HHS ACF will also leverage training and technical assistance resources to highlight best practices in state and local use of TANF emergency short-term cash assistance to provide direct cash support for families experiencing acute food shortages.
- The Department of Labor (DOL) will collaborate with USDA to increase enrollment in SNAP by making referrals through DOL's American Job Centers. DOL will also disseminate best practices for how states should connect workforce and SNAP agencies to improve economic security for workers and communities.
- The Department of Veterans Affairs (VA) will connect eligible Veterans with information and SNAP enrollment assistance through VA's Transition Assistance Program and screening at VA Medical Centers and clinics.
- The Department of Housing and Urban Development (HUD) will educate its grantees on nutrition assistance programs and provide resources to promote enrollment among HUD-assisted individuals.
- **Modernize federal programs so enrolled individuals can more easily utilize benefits.** Many federal programs were established decades ago. To bring federal nutrition assistance programs into the 21st century:
 - USDA, through support from ARP funds, will expand online shopping in WIC. Online shopping is currently only being piloted in a small number of WIC state agencies. USDA will also propose to update regulations to make the SNAP online shopping program permanent and continue to add more online retailers and states to the existing program. Online shopping can expand access to healthy food and break down barriers for marginalized communities and older adults who may face discrimination or stigma, increased health risks, or have limited mobility or transportation. Additionally, SNAP participants are not currently able to use their benefits to purchase certain prepared foods, which limits choices for families shopping at SNAP-authorized retailers. And, as WIC comes up for renewal by Congress, the Administration supports addressing WIC eligibility limitations to avoid nutrition gaps during key stages of life.
 - DoD will provide clear and consistent labeling of WIC products in commissaries according to state agency program guidance. DoD will also provide beneficiaries with



online shopping and electronic payment as SNAP and WIC programs are brought online.

- **Support food sovereignty, improve access to traditional foods, and ensure Tribal communities are equitably served in federal programs.** American Indians and Alaska Natives face some of the highest rates of diet-related disease in the U.S. Yet these populations continue to face barriers to accessing and implementing federal nutrition programs. USDA made significant commitments to support food sovereignty at the White House Tribal Nations Summit in 2021.³⁰ To further support Tribal food sovereignty:
 - **USDA** will continue to expand the **Food Distribution Program on Indian Reservations** (FDPIR) Self-Determination projects, partner with Tribes on enhancements to the food package, expand the number of Indigenous and traditional foods in the Food Buying Guide for Child Nutrition Programs, and provide training and resources to school meal program operators on incorporating more Indigenous and traditional foods into school meals. USDA will also improve staff recruitment and training to ensure its workforce has the knowledge and skills to serve American Indian and Alaska Native communities.
 - **The Bureau of Indian Affairs (BIA) and Bureau of Indian Education (BIE)** will work to create Indigenous Food Hubs for selected BIE schools and BIA detention centers to help source Indigenous foods, enhance culturally-based healthy nutrition education, and boost training for healthy and culturally appropriate food preparation. For the first time, a nutritionist will be hired to support BIA and BIE in these efforts.
 - **HHS ACF** will update and expand its resource guide for Tribal communities to increase Tribes' knowledge of and access to HHS resources for food security and food sovereignty as well as physical activity.
 - **HUD** will promote the eligible uses of Indian Community Development Block Grant dollars to support expanding food access through the development of food banks and pantries, healthy eating habits, physical activities, and more in Tribal communities, particularly those with limited access to affordable and nutritious foods.

B. Invest in community and economic development to increase access to food.

Nearly 40 million Americans live in areas where grocery stores are not nearby.³¹ People with limited access to affordable, nutritious food tend to be lower-income and people of color. Even in communities where some retail food establishments exist, inadequate transportation and lack of affordable, healthy options contribute to food and nutrition insecurity. To further support business innovation and community and economic development with the greatest potential to advance food security, nutrition, and health, the Biden-Harris Administration will:

- **Leverage housing and other community programs to increase food access.** Strengthening food access through housing and community programs can help build broader well-being, particularly for children and families.
 - **HUD** will promote regulatory flexibilities that allow owners of HUD-assisted properties and Public Housing Authorities to use federal funds to renovate and maintain spaces in public housing developments to improve food access.



- **HUD** will, as appropriate, propose the use of **Community Development Block Grants (CDBG)**, Section 108 loan program funding, and **Choice Neighborhood funding** to support food access, including to increase access to neighborhood markets, grocery stores, farmers' markets, urban gardens, food incubators, and/or the conversion of vacant buildings into food hubs, as well as case management to help residents connect with health providers. HUD will also provide technical assistance to facilitate the use of HUD and other federal funding to finance the conversion of spaces into corner market stores and the development of grocery stores in areas with limited access to affordable and nutritious foods, develop case studies to highlight best practices and, with USDA, support the development of urban agriculture programs.
- **HHS ACF** will issue guidance to help grant recipients maximize CSBG funds to implement or scale anti-hunger efforts, including nutrition and prepared meal programs. HHS ACF will also develop communication materials to help grant recipients maximize CSBG, TANF, and Healthy Marriage and Responsible Fatherhood funds to strengthen anti-hunger efforts; and develop a website that will disseminate case studies and best practices on anti-hunger and nutrition programs within the CSBG network.
- **Improve transportation options to and from grocery stores, farmers' markets, and commercial districts.** Improving transportation options to and from supermarkets, farmers' markets, and commercial districts increases a community's access to and options for healthy food. To support this:
 - The **Department of Transportation (DOT)**, through implementation of the Bipartisan Infrastructure Law (BIL) and Inflation Reduction Act (IRA)—including programs such as Reconnecting Communities, Safe Streets for All, and the Neighborhood Access and Equity Grant Program—will promote transit, bicycle, and pedestrian improvements, which would support food access solutions.
 - DOT, through technical assistance, will encourage communities to engage with local and state public health experts in transportation planning and to prioritize connecting people to destinations with affordable and healthy food options.
- **Increase historically underserved communities' access to affordable and healthy foods.** Expanding food access requires sustained support and investment at the local level. To accomplish this:
 - **FTC** has indicated that it will vigorously enforce antitrust laws with special attention to transactions and conduct that might lead to higher prices and reduced food access in vulnerable communities. FTC will also publish a report summarizing its study conclusions on how supply chain disruptions have affected wholesale and retail markets for groceries. Independent grocery stores are more common in underserved rural and urban communities and have raised concerns they were disproportionately affected by such disruptions.
 - **The Small Business Administration (SBA)** will give priority in ranking to applications by organizations that benefit food and nutrition businesses in the Growth Accelerator Fund Competition (GAFC). GAFC supports the development and growth of small businesses and startup innovation ecosystems.



- **The Department of Commerce (DOC)**, through the Minority Business Development Agency’s forthcoming Small Business Credit Initiative Technical Assistance notice of funding opportunity, will encourage applications from incubators and accelerators that support market-driven solutions to provide greater equity or access to resources to underserved communities, including food security.
- **AmeriCorps** will promote grant opportunities, national service, and volunteerism that address food insecurity and improve economic development in communities with critical need through its programs and special initiatives such as the AmeriCorps VISTA Food Security Initiative.
- **The Delta Regional Authority** will implement prioritization criteria in its grant programs to support initiatives with a direct connection between economic development and healthy food access.
- **Reduce barriers to food recovery.** One-third of all food in the U.S. goes uneaten.³² To prevent food loss and waste across the food supply chain and help ensure safe, good-quality food gets to those who need it most:
 - **The Environmental Protection Agency (EPA), USDA, and HHS Food and Drug Administration (FDA)** are leading development of a whole-of-government strategy for reducing food loss and waste.
 - **HHS FDA will update its Food Code**—which provides state, Tribal, local, and territory regulators with a model for updating their food retail and service industry regulations—to address food donation recommendations.
 - **The Department of the Treasury (Treasury)** will clarify the enhanced charitable deduction calculation to support businesses donating food.
- **Improve access to emergency food, including during natural disasters.** The network of emergency food providers across the country has shown its remarkable strength in recent years. The Biden-Harris Administration has taken significant steps to provide needed funding to the emergency food system, including awarding states nearly \$40 million in ARP funds to expand the reach of The Federal Emergency Food Assistance Program (TEFAP) with \$60 million in additional grants forthcoming. The Administration has also provided more than \$2.5 billion in supplemental funding for emergency food purchases. Building on this progress:
 - USDA will pursue rulemaking to improve access and equity and simplify TEFAP requirements for state and local program operators.
 - USDA will work to understand and address gaps in meeting the needs of low-income individuals and families seeking cultural foods such as identifying options and expanding access to foods suitable for kosher and halal-observant communities, to better address the foodways of individuals served.
 - FEMA will provide technical assistance to its 10 regional offices and will direct all FEMA components and senior executive leaders to focus on ensuring food security during and after disasters.
 - FEMA will integrate food security as a priority planning area by partnering with USDA in conducting outreach to state, Tribal, local, and territory partners through regional and local engagements and working with federal partners to directly support disaster-specific planning and messaging.



- FEMA will use national and regional forums to provide and coordinate an opportunity for states and localities with robust food security plans to share best practices with other jurisdictions.



Call to Action for a Whole-of-Society Response

- States and territories should increase support to struggling families through TANF cash assistance, refundable state EITC and CTCs, and other economic supports for low-income families and individuals.
- States should work across state agencies to achieve 95% cross-enrollment of eligible people across SNAP, Medicaid, and other federal programs. And, states should aim to process all SNAP applications within one week.
- State and school districts should increase investment in school food programs such as providing investments to support kitchen infrastructure and training school nutrition professionals.
- State, local, and territory governments, private sector employers, and health care companies should ensure efficient community-clinical referral systems between hospitals and outpatient clinics with community-based services, including the OAA nutrition and health promotion programs, aging and disability resource centers, and Centers for Independent Living.
- State, local, and territory governments should provide incentives and technical assistance to attract healthier food retail outlets to underserved areas, improve healthier food offerings in existing stores, and support year-round mobile produce markets in communities with limited food access.
- State, local, and territory governments should enact food waste reduction and recovery policies such as providing tax incentives to food donors.
- Philanthropy should support pilots that foster collaboration between food service programs at K-12 schools and colleges or universities in order to synergize efforts around workforce training and food procurement.
- The private sector should invest in year-round mobile produce markets and retail outlets within underserved communities.



Pillar 2—Integrate Nutrition and Health: *Prioritize the role of nutrition and food security in overall health—including disease prevention and management—and ensure that our health care system addresses the nutrition needs of all people.*

A. *Provide greater access to nutrition services to better prevent, manage, and treat diet-related diseases.*

Receiving health care to help prevent, treat, and manage diet-related diseases can optimize Americans’ well-being and reduce health care costs. However, access to and coverage for this care varies significantly. To better care for all Americans, the Biden-Harris Administration will:

- **Expand Medicare and Medicaid beneficiaries’ access to “food is medicine” interventions.** “Food is medicine” interventions—including medically tailored meals and groceries as well as produce prescriptions (fruit and vegetable prescriptions or vouchers provided by medical professionals for people with diet-related diseases or food insecurity)—can effectively treat or prevent diet-related health conditions and reduce food insecurity.³³ The Biden-Harris Administration supports legislation to create a pilot to test covering medically tailored meals for individuals in traditional Medicare who are experiencing diet-related health conditions. This proposal builds on a demonstration initiative in Medicaid, where HHS Centers for Medicare & Medicaid Services (CMS) will provide authority for states to test Medicaid coverage of additional nutrition services, and supports using Medicaid section 1115 demonstration projects. HHS CMS will also issue guidance on how states can use section 1115 demonstrations to test the expansion of coverage for these interventions.
- **Expand Medicaid beneficiaries’ access to nutrition and obesity counseling.** The Affordable Care Act (ACA) requires coverage of obesity counseling for certain patients enrolled in most private group health plans and group and individual health insurance and certain beneficiaries among the 20 million people covered under the ACA’s expansion of Medicaid. The Biden-Harris Administration supports expanding nutrition and obesity counseling coverage to millions more Medicaid beneficiaries that currently are not guaranteed access to these services, particularly in states that have not expanded coverage and which have large rural populations.
- **Expand Medicare beneficiaries’ access to nutrition and obesity counseling.** Medicare currently covers medical nutrition therapy services, including nutritional assessments and counseling, but only for people with diabetes or kidney disease, when ordered by a physician and performed by a dietitian. Medicare also covers obesity screenings and behavioral counseling to help patients with obesity lose weight, but only for patients with obesity and when performed by primary care clinicians in an office setting. The Biden-Harris Administration supports efforts to expand evidence-based nutrition and obesity counseling benefits to Medicare beneficiaries with additional conditions and to allow appropriate providers to offer obesity screening and behavioral counseling to help patients lose weight. HHS CMS will also examine existing Medicare authorities on ways to increase access to nutrition and obesity counseling. Additionally, HHS CMS will use



its provider education channels to increase awareness of Medicare coverage of nutrition and obesity counseling services.

- **Increase access to nutrition-related services through private insurance and federal programs beyond Medicare and Medicaid.** To further increase consistency in access to and coverage of quality health care services:
 - HHS CMS will solicit information from insurance plans regarding what nutrition services they already cover, with a goal of determining whether HHS CMS could strengthen essential health benefit requirements or take other actions to expand private health coverage and better address the nutritional needs of Americans.
 - DOL, HHS, and Treasury will clarify how mental health parity protections apply to coverage related to nutritional counseling for eating disorders to ensure that this coverage is not inappropriately being limited.
 - Treasury will issue guidance clarifying what nutrition and diet-related disease medical expenses can be reimbursed under health savings accounts and health flexible spending arrangements.
 - DoD will increase utilization of TRICARE’s Nutritional Therapy program to include preventive therapies and/or counseling beyond just those addressing certain diseases and conditions.
 - HHS Indian Health Services (IHS) will implement and evaluate a National Produce Prescription Pilot Program.
 - VA will implement and evaluate various food programs, including produce prescription programs, food pantries, and mobile food pantries that meet local needs and Veteran preferences.
- **Better support prevention and management of diabetes.** To help address growing rates of diabetes:
 - HHS CMS will develop a strategy to increase access to diabetes prevention and treatment services for individuals with Medicare, Medicaid, Children’s Health Insurance Program (CHIP), and Marketplace coverage. The Administration will also work with Congress to make the Medicare Diabetes Prevention Program a cost-effective permanent Medicare preventive service benefit.
 - HHS CDC will provide new funding opportunities to support the implementation of evidence-based diabetes prevention and management strategies in state and localities, with a focus on reducing health disparities.
- **Support wellness and nutritional care for children, especially those from low-income families.** HHS CDC will continue to support and expand access to the evidence-based Family Healthy Weight Programs (FHWP) through at least three new upcoming funding opportunities. FHWP supports children and their families with low income and lifestyle and behavioral changes to improve nutrition, physical activity, stress, coping, and other aspects of wellness. Additionally, HHS Administration for Community Living (ACL) will share promising practices from its University Centers for Excellence in Developmental Disabilities to help children with disabilities who require support for healthy eating. The Administration also recognizes that for children and adults with digestive and inherited metabolic disorders, ensuring access to the right types of nutritional supports, such as infant formula, can prevent hospitalizations and be



lifesaving. Still, there are often systematic barriers making access to these specialized nutritional supports challenging. CMS will evaluate coding, payment and administrative requirements in order to support access to nutritional supports for individuals with digestive and inherited metabolic disorders.

B. Screen for food insecurity and connect people to the services they need.

Social determinants of health (SDOH) can be a strong predictor of health outcomes and are a major driver of health disparities.³⁴ Incorporating SDOH such as food insecurity screenings, into health care can help practitioners better recognize the root causes that affect health, tailor care to unique individual needs, and connect patients to resources like SNAP, WIC, or a local food bank. However, food insecurity screenings are not universally conducted in the health care system, and most health care professionals have not been trained to assess it. To more fully incorporate SDOH, including food insecurity screenings and referrals, into everyday health care, the Biden-Harris Administration will:

- **Universally screen for food insecurity in federal health care systems.** Building on VA’s existing universal food insecurity screenings:
 - HHS IHS will implement a process to assess for food insecurity in the IHS user community and conduct referrals as needed.
 - DoD will screen all active-duty military for food insecurity and conduct referrals as needed.
 - HHS CMS, building on its [adoption of quality measures](#) that capture if hospitals are screening for social needs, will explore incorporating quality measures relating to screening for social needs as part of the Medicare Shared Savings Program and Medicare Advantage Star Ratings Program.
 - HHS ACL will work with Centers for Independent Living and Protection and Advocacy Systems to pilot screening for food insecurity amongst people with disabilities.
- **Incentivize payors and providers to screen for food insecurity and other SDOH.** To accelerate the work HHS CMS outlined in its [Framework for Health Equity](#):
 - HHS CMS has proposed to create new advance investment payments for certain new Medicare Shared Savings Program Accountable Care Organizations (ACO). ACOs would be permitted to use these payments to address social needs of beneficiaries, including working with local community-based organizations to address food insecurity.
 - HHS CMS will evaluate developing appropriate procedure codes to better capture services that address SDOH, including screening for food insecurity. If developed, these procedure codes could help organizations offering nutrition services more easily partner with health care providers.
 - HHS CMS will consider extending the Center for Medicare and Medicaid Innovation’s Medicare Advantage Value-Based Insurance Design (VBID) model beyond 2024 and will explore expanding its focus on supplemental benefits related to food and nutrition. HHS CMS will also consider broadening access to the model and encouraging additional Medicare Advantage Organizations to provide food and



nutrition services in their offerings under the Special Supplemental Benefits for the Chronically Ill.

- **Supporting data infrastructure for food insecurity and other SDOH screenings.** HHS CMS will continue to support efforts to develop the data infrastructure needed for food insecurity and other SDOH data elements to be captured in electronic health records and ensure interoperable health information exchange and the collection of demographic information. In addition, HHS Office of National Coordinator for Health Information Technology will promote greater adoption and use of new versions of the United States Core Data for Interoperability, which include SDOH data elements to represent SDOH assessments, problems and health concerns, and goals and interventions that can support areas such as food insecurity.
- **Incentivize hospitals to provide services focused on food insecurity and other SDOH.** The Internal Revenue Service will clarify that a non-profit hospital's spending on SDOH to address a documented community health need may meet the definitions of community benefit activities or community building activities. For example, a hospital may support food banks and pantries, conduct food insecurity screenings, fund or lead food and nutrition classes, or create a garden providing produce donations to food banks or pantries as part of its tax-exempt activities.
- **Comprehensively address food insecurity among Veterans.** VA will establish a new Office of Food Security within the Veterans Health Administration (VHA) to tackle the food insecurity rate among Veterans. The Office will provide strategic guidance and coordination within VHA, including VA hospitals and clinics, on best practices, research, and data to ensure Veterans' food security. In addition, VA will expand by 10% the amount of clinical nutrition services it provides to Veterans receiving care in the VHA.

C. Strengthen and diversify the nutrition workforce.

The health care workforce, including registered dietitian nutritionists (RDNs), plays a central role in preventing, treating, and managing diet-related diseases. However, patients are less likely to seek care or share information if they perceive ethnic or social differences with their health care providers.³⁵ Thus, a more diverse health care workforce would better serve communities of color, which suffer from higher rates of food insecurity and diet-related disease. To expand and create a more diverse workforce well-trained in nutrition, the Biden-Harris Administration will:

- **Bolster the health care workforce, including nutrition professionals, and ensure other medical professionals receive nutrition education.** Currently, 70% of RDNs are White. Only 6% of RDNs indicate Hispanic or Latino heritage, 6% indicate being Asian, 3% indicate being Black, and 1% indicate being Indian or Alaska Native.³⁶ Increasing the diversity of RDNs and expanding their reach to areas with limited care will ensure more equitable care for everyone.
 - HHS Health Resources and Services Administration, through its Maternal and Child Health Nutrition Training Program, will train over 4,500 future nutrition professionals and over 30,000 practicing professionals over the next five years on key topics such as pediatric obesity prevention, household food security, and nutrition during pregnancy. Beginning in 2023, the program will partner with Minority Serving



- Institutions (MSIs) and Historically Black Colleges and Universities (HBCUs) to recruit and train nutrition professionals from underrepresented groups.
- VA will develop pilots for [SkillBridge](#) to facilitate hiring of transitioning service members into VA Nutrition and Food Services positions. VA Nutrition and Food Services will partner with the Military Spouses Employment Program to facilitate hiring of military spouses into these positions. Additionally, VA will conduct a pilot for professional development of food service workers to encourage recruitment and retention for those positions.
 - VA will expand [internship](#) and rotation opportunities for dietetic interns and assess revisions to the Qualification Standard for Dietitians to increase the number of opportunities for internship directors.
 - USDA will work with Land-Grant Universities to develop a national workforce strategy for WIC, which could help shape the integration of diversity, equity, inclusion, and accessibility principles across the broader nutrition education workforce.

Call to Action for a Whole-of-Society Response

- States should leverage all available federal authorities to expand coverage of “food is medicine” interventions.
- States should collaborate with non-profit or community-based organizations to establish a state-funded produce prescription program for low-income individuals and families.
- State, local, and territory governments should integrate nutrition experts into their health departments and modernize scope of practice laws, as applicable, to allow qualified health care professionals to play a larger role in disease prevention and management efforts.
- Health insurance companies should consider providing or expanding coverage of nutrition services, including produce prescriptions and/or medically tailored meals for target populations.
- Hospitals, clinics, and health centers should implement programs leveraging federally supported open industry technology standards that address SDOH such as screening patients for food insecurity, connecting patients to nutrition assistance services, and ensuring services are available.
- Health professional schools (e.g., medical, dental, pharmacy, nursing, social work, public health, physician’s assistants, physiology, exercise science, etc.) and licensing boards should expand nutrition education in graduate medical education curriculums, board exams, and post-graduate training.



Pillar 3—Empower All Consumers to Make and Have Access to Healthy Choices: *Foster environments that enable all people to easily make informed, healthy choices, increase access to healthy food, encourage healthy workplace and school policies, and invest in public education campaigns that are culturally appropriate and resonate with specific communities.*

A. Empower consumers with updated and more accessible food labeling.

Food labels help consumers identify healthy foods when grocery shopping. Most consumers are familiar with the iconic Nutrition Facts label, which the FDA recently updated with a refreshed design and additional information such as added sugars.³⁷ But, consumers may not always understand information on food labels or have access to it when shopping online. To empower consumers to make healthy choices, the Biden-Harris Administration will:

- **Develop a front-of-package (FOP) labeling system to quickly and easily communicate nutrition information.** FOP labeling systems—such as star ratings or traffic light schemes—can promote equitable access to nutrition information and healthier choices and could also prompt industry to reformulate foods to be healthier.³⁸ HHS FDA will conduct research and propose developing a standardized FOP labeling system for food packages to help consumers, particularly those with lower nutrition literacy, quickly and easily identify foods that are part of a healthy eating pattern.
- **Make sure that foods labeled as “healthy” align with current nutrition science and the *Dietary Guidelines for Americans*.** HHS FDA will propose updating the nutrition standards for when companies use the “healthy” claim on their products and develop a symbol companies may use to depict the “healthy” claim on food packages. HHS FDA will also develop guidance for industry on the use of Dietary Guidance Statements on food labels to help people understand how a food or food group can contribute to a healthy eating pattern.
- **Adequately fund HHS FDA’s Center for Food Safety and Applied Nutrition (CFSAN) to prioritize its nutrition and labeling work.** HHS FDA’s CFSAN nutrition work has historically been underfunded in comparison to other priority areas. To date, only 7% of CFSAN’s budget supports nutrition and labeling work, yet CFSAN is responsible for the safety and labeling of approximately 80% of the U.S. food supply. The Biden-Harris Administration will work with Congress to ensure CFSAN has the resources it needs to accomplish its critical work.
- **Facilitate making nutrition information easily available when grocery shopping online.** While consumers increasingly use e-commerce to shop for groceries, nutrition information is not uniformly presented or always made easily accessible. HHS FDA will publish a request for information to gather public input regarding industry practices, technology, and current challenges to inform guidance for the food industry on nutrition, ingredient, and allergen information that should be available for groceries sold online.



B. Create healthier food environments and a healthier food supply so the healthier choice is the easier choice.

A key barrier to healthy eating is lack of access to nutritious food. The food environment (e.g., proximity to stores, food prices, available food options) influences a person’s food choices and diet quality. The U.S. food supply contains an overabundance of sodium, added sugar, and saturated fat. Americans who want to consume less sodium, added sugars, and saturated fat may have a difficult time doing so because of poor availability of healthy alternatives.³⁹ Recognizing the power of creating healthier food environments, the Biden-Harris Administration will:

- **Expand incentives for fruits and vegetables in SNAP.** Incentives in SNAP to support purchasing more fruits and vegetables have been pilot tested and shown to be effective in Massachusetts and through the USDA [Gus Schumacher Nutrition Incentive Program](#). To increase access to fruits and vegetables for SNAP recipients, the Biden-Harris Administration will work with Congress to increase the reach and impact of incentives for fruits and vegetables in SNAP.
- **Facilitate lowering the sodium content of food.** In 2021, HHS FDA issued voluntary, short-term (2.5-year) sodium reduction targets for a broad range of processed, packaged, and prepared foods to help reduce the amount of sodium in the U.S. food supply.⁴⁰ To further lower sodium consumption:
 - HHS FDA will issue revised, voluntary sodium reduction targets to facilitate continually lowering the amount of sodium in the food supply beyond the 2021 targets.
 - HHS FDA will propose to update regulations to enable manufacturers to use salt substitutes in [standardized](#) foods to support sodium reduction.
 - VA will increase lower-sodium foods with regards to procurement.
 - HHS ACL and FDA will partner to provide technical assistance to help align older adult nutrition programs with HHS FDA’s voluntary sodium targets.
 - USDA will continue work to reduce sodium in school meals consistent with the goals of the *Dietary Guidelines for Americans* and HHS FDA’s voluntary sodium targets.
- **Facilitate lowering added sugar consumption.** The U.S. has reduced added sugar consumption and established a regulatory definition for added sugars. Since 2021, added sugars must be declared on the Nutrition Facts label for most products. Despite this progress, intake of added sugars is still too high for most Americans. HHS FDA will begin assessing the evidence base for further strategies to reduce added sugar consumption, collaborating with other HHS divisions and USDA to hold a public meeting regarding future steps the federal government could take to reduce intake of added sugars such as developing targets for categories of foods, similar to the voluntary targets FDA developed for sodium.
- **Expand access to healthier environments in federal facilities.** Implementing and updating the Federal Food Service Guidelines in federal facilities will promote fruits, vegetables, whole grains, low-fat dairy, and low sodium options; increase the availability of healthy beverage choices as well as plant-based options; and encourage healthy choices through behavioral design. Millions of federal employees and other people who access government facilities—from National Parks to VA hospitals—will benefit. To



further support healthy environments, DoD will work with CDC to enhance nutrition and physical activity standards in all DoD child development programs. The General Services Administration (GSA) will promote nutrition and physical activity at its child care centers and DoD will also increase healthy options served in its dining facilities and vending machines, including expanding its Go 4 Green program (joint-service performance-nutrition initiative that improves where military service members live and work).

- **Address marketing of unhealthy foods and beverages.** Food, beverage, and restaurant companies spend nearly \$14 billion per year on marketing in the U.S. More than 80% of this advertising promotes fast food, sugary drinks, candy, and unhealthy snacks that are high in sodium, added sugars, and/or saturated fat.⁴¹ Companies also use a wide variety of highly effective techniques to target sales of unhealthy foods to adolescents and children, particularly Black and Hispanic children.⁴² The Administration will pursue steps to address the marketing of unhealthy foods, including:
 - DoD will limit marketing in military dining facilities to those that meet its [Go 4 Green](#) program nutrition standards.
 - The FTC has indicated that it will pursue targeted law enforcement actions to prevent the deceptive advertising of foods and dietary supplements, including deceptive advertising that might be targeted to youth.
- **Leverage federal nutrition assistance programs to promote healthy habits.** USDA's Child Nutrition Programs and WIC can help increase diet quality of beneficiaries and spur companies to reformulate food products. To further this work:
 - USDA will propose updating the package of foods offered by WIC and the nutrition standards in school meals to better align with the most recent *Dietary Guidelines for Americans* and provide enhanced technical assistance and best practices to support schools in meeting the standards. Building on the success of the ARP's temporary increase, through appropriations, USDA will also continue providing the cash value benefit in WIC at a level that supports fruit and vegetable access and recommended consumption.
 - USDA will advance a new Healthy Meals Incentive initiative—supported by ARP funding—to support schools' efforts to improve the nutritional quality of school meals. This initiative will challenge all players within the K-12 food supply chain to increase the availability of and access to healthy offerings, recognize School Food Authorities (SFAs) that are innovating in offering nutritious school meals, and provide funding to small and/or rural SFAs to improve the nutritional content of meals offered through the Child Nutrition Programs.
 - USDA will update nutrition criteria in [USDA Foods](#) procurement specifications to align with HHS FDA's voluntary sodium targets and consider the inclusion of added sugars limits. Additionally, USDA will work to ensure that food served in the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP) aligns with the *Dietary Guidelines for Americans* wherever feasible.
- **Create healthier food retail, restaurant, and college campus environments.** Modifying the food environment to increase the availability of healthy foods can improve people's eating patterns.⁴³



- The Administration will work with Congress to remove the appropriations rider currently barring USDA from setting stronger standards for SNAP retailers to stock a variety of healthy foods as a basic requirement to participate as a SNAP store.
- HHS ACL will issue an OAA nutrition program-restaurant partnership best practices report. These partnerships enhance the nutritional quality of restaurant offerings, as meals served in OAA programs must align with the *Dietary Guidelines for Americans*.
- ED will send a Dear Colleague Letter encouraging higher education institutions to be conscientious about nutrition. ED will use the letter to call on institutions to procure healthier foods and encourage them to use ARP funds for food pantries. ED will also encourage institutions to work with community organizations to provide services to students and promote nutrition security by showcasing best practices and examples from the field.
- **Increase access to local food to better connect people to nutritious foods.** Sourcing local foods can help increase consumption of fruits, vegetables, and other under consumed foods, improve attitudes about healthy eating, and support local economies.
 - HUD and USDA will cross-promote their programs to the owners of HUD-assisted properties and incentivize Public Housing Authorities to implement urban agriculture projects, food banks, and summer meal programs in affordable housing developments.
 - USDA will partner with EPA to provide technical assistance to their *Local Foods, Local Places* recipients to help cities and towns as they develop local food systems.
 - USDA will establish Regional Food Business Centers to support local food business growth, particularly in support of underserved communities including in Appalachia, Colonias, and the Mississippi Delta and throughout Tribal communities.
 - USDA will work to strengthen and diversify the suppliers that provide healthy, nutritious, and local foods to schools and nutrition assistance programs by assisting small and underserved farmers and businesses to become vendors for school meals.
 - USDA will make investments to support local and regional food and farm businesses through grants and other financial assistance for food hubs, distribution, and processing as well as technical assistance particularly in support of underserved communities to provide nutritious food to schools, food banks, and other nutrition assistance programs.
 - The Appalachian Regional Commission will work with USDA to improve access to federal funding in Appalachian communities seeking to enhance access to local foods.
 - The Northern Border Regional Commission will provide guidance for grantmaking to support access to locally produced foods through its State Economic & Infrastructure Development Program.
 - DoD and VA will expand their procurement of local foods for military and Veterans' care facilities.
 - The Bureau of Prisons (BOP) will partner with USDA to increase procurement of local foods in federal prisons. BOP will also identify additional facilities that could support gardening programs where incarcerated people grow and harvest produce that is donated to local food banks.



- **Expand breastfeeding support and counseling for mothers.** Parents who choose to breastfeed continue to face substantial barriers in sustaining this choice, including inconsistent hospital practices, lack of insurance coverage, and inadequate access to paid parental leave. Building on the Biden-Harris Administration’s [Maternal Health Blueprint](#):
 - USDA is testing telehealth initiatives to facilitate virtual breastfeeding support and one-on-one counseling in WIC. USDA will also disseminate results and key findings from an evaluation of a national breastfeeding support campaign it is conducting in partnership with the University of Nevada, Reno. USDA will also translate training materials and the WIC Breastfeeding Support website into Spanish.
 - HHS will lead the second phase of the Reducing Disparities in Breastfeeding Challenge, which awards successful programs that have proven outcomes to improve breastfeeding rates and reduce disparities.
 - HHS and DOL will work to ensure that the ACA requirements for coverage of breastfeeding support and counseling without cost sharing in most private health insurance plans and Medicaid are fully implemented and enforced.
 - DOL will take steps to ensure nursing workers and their employers are aware of and understand their rights and responsibilities through a series of online webinars at the national level, followed by locally focused webinars to reach workers, advocates, and employers throughout the country.
 - The Biden-Harris Administration will continue to support extending workplace protections to breastfeeding mothers.

C. Support robust and tailored nutrition education.

Consumers often hear conflicting food messages and U.S. adults generally overrate the quality of their diet,⁴⁴ suggesting that additional work is needed to ensure adults are empowered to eat healthy foods. To bolster nutrition education, the Biden-Harris Administration will:

- **Support regular updates to the *Dietary Guidelines for Americans* and carry out a national education campaign.** The *Dietary Guidelines for Americans* is the cornerstone of all federal nutrition programs and policies, providing science-based recommendations for healthy eating. The Biden-Harris Administration will work with Congress to provide adequate funding for HHS to regularly update these guidelines, in partnership with USDA, and lead a national education campaign to boost awareness of healthy eating recommendations and support all Americans in making healthy choices.
- **Develop tailored nutrition education.** Education related to healthy eating is even more effective when it is grounded in cultural understanding. Building on currently available tailored education materials:
 - USDA will develop [MyPlate](#) nutrition education materials that are culturally appropriate and translated into a variety of languages.
 - USDA will work with Tribal leaders to expand nutrition education services and programs in FDPIR.
 - HHS ACL’s [Nutrition and Aging Resource Center](#) will greatly expand ready-to-use, virtual, and in-person nutrition education for older adults.



- HHS FDA will develop messaging and materials about its food labeling efforts that are tailored and disseminated appropriately for various audiences.
- HHS ACF, in consultation with the Substance Abuse and Mental Health Services Administration and Office of the Assistant Secretary for Health, will integrate nutrition counseling and access into direct service grant programs for victims of human trafficking, including integrating nutrition into national virtual training.
- BOP will support the health of inmates and their families by adding a curriculum module to address dietary needs for vulnerable populations in its Culinary Arts vocational program; develop Life Skills Laboratories to teach balanced nutrition, healthy eating, and hands-on food preparation skills to individuals who have cognitive or physical impairments; develop a new standardized wellness program; develop resources focused on health and nutrition to provide to children while they wait to enter visitation; and expand its annual health fairs to reach a larger audience.
- **Leverage SNAP-Ed to promote healthy foods.** Many state SNAP-Ed programs use advertisements or social marketing to promote healthy foods and beverages. To leverage this resource, USDA will promote MyPlate’s Shop Simple digital tool to assist users in finding healthy and affordable foods. USDA will also refresh and expand SNAP-Ed Connection, a database of nutrition education and physical activity resources.

Call to Action for a Whole-of-Society Response

- States should provide nutrition incentives to SNAP participants to purchase healthy food such as increasing the purchasing power of SNAP beneficiaries at farmers markets, and encourage retailers to market more nutritious food in store and online.
- State, local, and territory governments should adopt federal food service guidelines in their municipal buildings and advance measures to prohibit coupons or sales of unhealthy foods and beverages.
- States and localities should adopt early care and education licensing regulations that require minimum nutrition and physical activity standards that all licensed child care providers follow, regardless of program participation, and ensure early education and care workers are paid an adequate wage.
- States, localities, and K-12 schools should consider incorporating culinary arts and nutrition education into schools.
- OAA nutrition programs and Centers for Independent Living should expand creative service models by partnering with restaurants, grocery stores, food trucks, and local farmers to promote nutritious meals and use of locally-sourced foods.
- Colleges and universities should update their procurement contracts to ensure healthier foods are available in dining halls, including through sourcing local foods.
- Philanthropy should support pilots in underserved communities—including Tribal communities, rural, and Native Hawaiian communities—that boost local food systems as an



economic driver in communities by fostering connections between farmers who are growing culturally appropriate food, food vendors, institutions, and community organizations.

- The food industry should increase the availability of and access to foods that are low in sodium and added sugars—including foods meeting or exceeding FDA’s voluntary sodium reduction targets—and high in whole grains, particularly for the K-12 market.
- Food retailers should hire RDNs to help provide nutrition information to consumers, redesign stores to more prominently place healthier choices, market and stock healthier items, and establish buying programs with local farms.
- Online grocery companies should redesign their search algorithms to ensure healthier products appear first and include ingredient and Nutrition Facts label information in an accessible manner for all food products sold online.

Pillar 4—Support Physical Activity for All: *Make it easier for people to be more physically active—in part by ensuring that everyone has access to safe places to be active—increase awareness of the benefits of physical activity, and conduct research on and measure physical activity.*

A. Build environments that promote physical activity.

One of the most impactful ways that people of all ages can improve their health is by being more physically active. Yet, the vast majority of Americans do not meet the *Physical Activity Guidelines for Americans*.⁴⁵ Personal efforts to be physically active can be made easier or harder by the surrounding environment. For example, individuals may not know about or have access to, safe places to be physically active, or have chronic conditions or physical limitations that create additional barriers. To make physical activity easier for all, the Biden-Harris Administration will:

- **Expand HHS CDC’s State Physical Activity and Nutrition Programs (SPAN) to all states and territories to implement successful state and community-level policies and activities for physical activity.** Through SPAN, HHS CDC works with states to implement evidence-based strategies to reduce chronic disease by improving physical activity and nutrition. In particular, through SPAN, the Active People, Healthy Nation initiative makes physical activity safe and accessible for all by implementing state and community-level policies and activities that connect pedestrian, bicycle, or transit opportunities to everyday destinations. However, HHS CDC currently only has funding to deploy SPAN in 16 states. The Biden-Harris Administration will work with Congress to provide additional funding to expand SPAN nationwide.
- **Connect more people to parks, particularly in nature-deprived communities.** People who have access to green environments such as parks and trails, tend to walk and be more physically active than those with limited access. But, less than half of people in the U.S. live within half a mile of a park.⁴⁶ As part of the President’s America the Beautiful Initiative, the Biden-Harris Administration is working to create more parks, open spaces, and safe outdoor opportunities in nature-deprived communities. As part of this effort:



- The Biden-Harris Administration will work to expand the National Park Service’s (NPS) efforts to identify places where municipal transit or alternative modes of transportation are unavailable between parks and nearby underserved or disadvantaged communities. In partnership with DOT, NPS will deploy existing tools that improve trip planning and convenient connections to promote car-free travel to parks. This work will focus on lower-income, diverse, and underserved communities.
- Federal agencies, including DOT, Department of Interior (DOI), and EPA, will sign a Nature-Deprived MOU to collaborate on work to reduce the number of people without access to parks and nature in their communities.
- The Federal Interagency Council on Outdoor Recreation will work to increase access to national public lands, including through the Every Kid Outdoors (EKO) program. EKO provides fourth-grade students and their families, free one-year admission passes to over 2,000 federal lands and waters.
- **Promote active transportation and land use policies to support physical activity.** Active transportation—such as walking and biking—is one of the leading strategies to increase physical activity.⁴⁷ Communities and transportation systems can be designed to make active transportation safer and more enjoyable. Through BIL, the Biden-Harris Administration is improving transportation—including active transportation—for communities that have faced disinvestment in infrastructure. Additionally, the IRA established a new Neighborhood Access and Equity Grant Program that will fund projects to restore walkability and access, including to parks, in historically disadvantaged communities. Building on this work:
 - DOT will provide additional technical support and guidance for regional and local transportation agencies, transit authorities, industry, non-profits, community groups, and others working on transportation projects focused on prioritizing active transportation safety for all people using streets (including people walking, biking, and rolling), beginning with a web portal and research projects that will be publicly available Fall 2022.
 - DOT will develop guidance and/or process changes that will help recipients of federal aid prioritize the safety of all people using streets (including people walking, biking, and rolling) in transportation network planning, design, construction, and operations, including in small towns and rural areas.
 - DOT will issue guidance clarifying how modes other than motor vehicles should be considered in the planning and design process of roadways.
- **Support physical activity among children both in and out of school.** Physical activity contributes to children’s overall physical and cognitive health, including improved academic performance; yet, fewer than one quarter of children ages 6-17 years old achieve recommended amounts.⁴⁸ Physical activity and nutrition are parts of comprehensive whole-child approaches to education that build healthy children and supportive learning environments.
 - ED will provide guidance to states and school districts on how they can use funds under the Bipartisan Safer Communities Act grants and ARP funds to support physical activity for children.



- ED will, through the *Engage Every Student Initiative*, promote strategies for increasing participation in physical fitness programs and for incorporating physical activity in summer learning and engagement and after-school programs.
- HHS CDC and ED will partner to support districts in implementing a framework for planning and organizing activities for physical education and activities in schools.
- HHS ACF will scale efforts to help educators add activities tailored for children to their daily routine that increase quality physical movement and teach children about healthy food choices.

B. Support robust and tailored physical activity education and promotion.

Along with building environments that support and prompt more physical activity, it is important to increase awareness of the benefits of physical activity and offer tips to help people move more. However, many people do not know the recommended amounts of physical activity. To empower Americans to be more active, the Biden-Harris Administration will:

- **Support regular updates to the *Physical Activity Guidelines for Americans* and increase awareness of the importance of physical activity.** Only 22% of people are aware of the federal government’s *Physical Activity Guidelines for Americans*.⁴⁹ These guidelines provide information on the amounts and types of physical activity necessary to become and stay healthy. HHS promotes the guidelines through the Move Your Way® campaign, but funding to support the *Physical Activity Guidelines for Americans* and the Move Your Way® campaign has not been consistent. The Biden-Harris Administration will work with Congress and private sector actors to provide funding to support both the *Physical Activity Guidelines for Americans* and Move Your Way®.
- **Tailor physical activity messages to resonate with specific demographic groups.** Education is most effective when messages and tactics are tailored to specific audiences. Yet, most physical activity campaigns fail to target specific demographic groups.⁵⁰ To create more tailored physical activity messages:
 - HHS will release evidence-based strategies to increase physical activity among older adults.
 - HHS IHS will update its Physical Activity Toolkit and re-ignite the Just Move It program designed to help Indigenous people move more.
 - BOP will enhance its vocational training program to teach inmates to develop individualized exercise and nutrition plans for those who are at-risk for or who currently have diet-related diseases.
 - BOP will launch a new program, “Women’s Life Skills,” which includes nutrition and physical activity sessions designed for women who may have limited experience with independent living or a physical or mental disability. This program will be available to all women in BOP facilities.
- **Facilitate physical activity in federal facilities.** To serve as a model employer, GSA will reinvigorate the Consider the Stairs campaign in all federal facilities through new signage to encourage employees to take the stairs instead of elevators. GSA will also post



best practices from the campaign to GSA’s website to encourage other employers to adopt this concept.

Call to Action for a Whole-of-Society Response

- State, local, and territory governments should adopt jurisdiction-wide plans and proclamations to promote CDC’s Active People, Healthy Nation as well as adopt and implement Complete Streets policies and Safe Routes to School programs.
- State governments should offer free passes for children and/or families to state parks.
- State, local, and territory governments should increase accessibility for community members with disabilities to exercise at local parks or workout facilities.
- State governments should consider establishing and monitoring implementation of more rigorous physical education requirements in schools to meet or exceed the *Physical Activity Guidelines for Americans*’ recommendations for children and adolescents.
- Correctional facilities should provide opportunities for exercise for persons in custody.
- Employers should encourage physical activity in the workplace, including by promoting the use of stairs instead of elevators and active modes of transportation to work, and by providing access to spaces to be physically active at work.
- City bike share companies should subsidize their membership costs for individuals with lower incomes.
- The private sector should invest in building parks and safe sidewalks in underserved neighborhoods.
- The private sector, non-profits, and local governments should work together to create shared-use agreements to make open spaces, sports facilities, and fields open to schools.

Pillar 5—Enhance Nutrition and Food Security Research: *Improve nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.*

The Biden-Harris Administration is committed to developing innovative, inclusive, impactful, and science-based, policy solutions to address nutrition and food insecurity. The federal government spends approximately \$2 billion on nutrition research each year, primarily through HHS National Institutes of Health (NIH). However, there are still gaps in the scientific understanding of nutrition and health. To expand nutrition, health, and food security research efforts and ensure equitable opportunity for marginalized groups to realize the benefits of research, the Biden-Harris Administration will:



- **Bolster nutrition research funding to support evidence-based policies.** Adequate funding and staff are needed to effectively conduct consistent and innovative nutrition research. For example, the Dietary Reference Intakes (DRIs) are a set of values used to plan and assess nutrient intakes in the U.S. DRIs are widely used in evaluation research, development of dietary guidance, population surveillance, program assessment, and consumer education—yet funding to update them regularly is inconsistent and insufficient.
- **Implement a coordinated federal vision for advancing nutrition science.** The Administration will increase collaboration across nutrition science and research priorities to identify the research and data needs that are most likely to make a meaningful impact on food security and nutrition. Working with external scientific experts, the Interagency Committee on Human Nutrition Research, and the White House Office of Science and Technology Policy (OSTP), the President’s Council of Advisors on Science & Technology (PCAST) will identify scientific opportunities, gaps, and priorities to continue to advance nutrition science, with a particular emphasis on ensuring equitable access to the benefits of research.
- **Ensure diversity and inclusion in nutrition, health, and food security research.** It is critical to ensure equity in research to develop effective policies and interventions that take into account the nutritional needs and cultural preferences and norms of all Americans.
 - HHS and USDA will select a 2025 Dietary Guidelines Advisory Committee (Committee) that has a diverse membership with respect to points of view, expertise, experience, education, and institutional affiliation to reflect the racial, ethnic, gender, and geographic diversity of the U.S. The Committee will review all the *Dietary Guidelines for Americans*’ scientific questions with a health equity lens to ensure that the 2025-2030 *Dietary Guidelines for Americans* is inclusive of people from diverse racial, ethnic, socioeconomic, and cultural backgrounds. The Committee will also explore whether additional examples of healthy dietary patterns should be developed and proposed based on population norms, preferences, and needs of the diverse individuals and cultural foodways within the U.S. population. HHS and USDA will also start examining best practices for adding systems approaches (considering the multiple factors that influence individuals’ dietary patterns) to the rigorous evidence review process used for developing the *Dietary Guidelines for Americans* to ensure they reflect the highest scientific integrity and contain information adaptable for public health and consumer use.
 - USDA’s Agricultural Research Service (ARS) will conduct research to more precisely define nutritional needs of American Indians and Native Alaskans. ARS will also leverage a new partnership between the Grand Forks Human Nutrition Research Center and the University of North Dakota to better understand American Indians and Native Alaskans’ diets and Indigenous foods. Additionally, ARS will expand the National Nutrient database to include reports of the concentrations of nutrients in American Indians and Native Alaskans’ foods.
 - The HHS NIH Common Fund Community Partnerships to Advance Science for Society (ComPASS) Program will catalyze, develop, and rigorously assess community-led, health equity structural interventions that leverage multisectoral



- partnerships to advance health equity. ComPASS will also develop a new health equity research model for community-led, multisectoral structural intervention research across NIH and other federal agencies.
- NPS will update its Healthy Parks, Healthy People Science Plan to add equity and access to parks among underserved populations as a specific research element.
 - The Appalachian Regional Commission will develop a research report that describes current conditions and innovative approaches to food security and food access in the Appalachian Region.
- **Expand and diversify the nutrition science workforce.** A well-trained and diverse nutrition science workforce, including researchers and educators, is critical to promote and strengthen research efforts.
 - HHS NIH will support advanced training in artificial intelligence for precision nutrition science institutional training programs.
 - HHS NIH will invest in research to develop and validate new methodologies in nutrition sciences, including leveraging mobile technologies, applying computational approaches, and using artificial intelligence and machine learning. These efforts require recruitment of trainees from a diversity of backgrounds, including those from groups historically excluded from biomedical, behavioral, and clinical research; individuals with disabilities; and individuals from disadvantaged backgrounds.
 - USDA National Institute of Food and Agriculture (NIFA) will assess its evolving research, education, and extension portfolio to determine which program areas can be utilized to impact workforce development opportunities across the agricultural and nutrition science workforces. For example, NIFA will utilize the Cooperative Extension and their connection to the Land-Grant University systems; relationships with state, Tribal, local, county, territory, and university partners; and community-based presence, as an outreach arm for reaching historically underserved populations, including HBCUs, Tribal Colleges, and Hispanic-Serving Institutions.
 - **Invest in creative new approaches to advance research regarding the prevention and treatment of diet-related diseases.** Policy interventions must be guided by knowledge of the past but also creative new approaches to accelerate scientific investigation, coordination, and translation of current and future advances. With increasing availability and lower costs of genetic sequencing technologies and artificial intelligence, now is the time to study the impacts that early life nutrition and social and environmental exposures have on healthy development and future diseases.
 - USDA Agriculture Research Service (ARS) will utilize machine learning and artificial intelligence approaches for the development of algorithms to better understand and predict interactions between food- and nutrition-related data and health outcomes. Validated biomarkers of nutrient intake and nutritional status will be identified to address personalized needs for specific foods and components.
 - HHS NIH will plan research to determine the role of diet and other early-life exposures in health and disease.
 - HHS NIH will research the interplay between nutrition, oral disease, and comprehensive health.



- HHS NIH will explore developing validated measurements and methodologies to assess 24-hour patterns of diet, physical activity, and sleep.
- **Bolster data collection to better identify trends.** Strategic decisions can be better informed with improved data on communities and/or populations that may most benefit from interventions. HHS CDC and USDA will update national data methods and infrastructure to identify trends in population intake of sodium and added sugars. USDA Economic Research Service will develop and implement a second National Household Food Acquisition and Purchase Survey as part of building and maintaining its Consumer Food Data Base.
- **Evaluate federal assistance programs and innovative models to understand impact and areas for improvement and scalability.** Continued research, evaluation, and innovation of federal assistance programs can create a strong evidence base to allow for the creation of effective programs.
 - USDA will work to more effectively measure equity within federal nutrition assistance programs, including across Tribes and among people with disabilities, and build the evidence for these programs' impact on food insecurity, nutrition, and health.
 - ED will conduct a survey to better understand how institutions addressed food insecurity among college students during the pandemic; how schools used Higher Education Emergency Relief Fund grants, including ARP funds, for food pantries; and how food insecurity persists among college students. ED will also convene institutions to lift up best practices for addressing food insecurity on college campuses.
- **Better understand the SDOH to help achieve health equity.** A better understanding of SDOH can provide vital information to inform efforts and improve health at the individual and population levels to advance health equity.
 - HHS CMS will measure social risk factors, including food insecurity, for at-risk Medicare Advantage beneficiaries.
 - HHS ACL is developing an older adult Nutrition Research Agenda that will involve federal and external partners to identify gaps in existing research regarding food insecurity, hunger, malnutrition, and behavioral health issues in order to develop a long-term framework for advancing the quality of services, establishing research priorities and creating impactful policies.
 - HUD will map USDA's Food Access Research Atlas with HUD administrative data to pinpoint areas with limited access to affordable and nutritious foods and prioritize education of HUD grantees in those areas to inform their use of HUD programs and grants.
 - HUD will partner with USDA and the Census Bureau to better understand and address persistent food insecurity among HUD-assisted individuals already connected with nutrition assistance programs.
 - HUD will include enhancing nutrition and food security research into the next HUD learning agenda for research publications.
 - DoD will conduct analysis of the root causes and impacts of food insecurity and analyze the standardized USDA measure of food security data obtained in the Status



of Forces Survey of Active Duty and Members, Survey of Active Duty Spouses, Status of Forces Survey of Reserve Component Members, and Survey of Reserve Component Spouses.

- **Research the intersection of climate change, food security, and nutrition.** Climate change has direct relevance for the future of food security and human health, altering the nutrient content of crops and increasing the risk of undernutrition, infectious diseases, respiratory illness, allergies, cardiovascular diseases, food and waterborne illness, and mental illness. Better understanding how nutrition security is interrelated with challenges and opportunities in the use of natural resources is important to ensure long-term food and nutrition security.
 - HHS will leverage the NIH Climate and Health Initiative to research the effects of climate change on food quality and nutrition security on the health of populations.
 - USDA NIFA will enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to determine the links between human health and soil health by reviewing existing research on the connections between the human microbiome and soil microbiome and soil management practices and the nutrient density of foods, and identify areas for future research.

Call to Action for a Whole-of-Society Response

- State and territory governments should support nutrition and food security research at universities and colleges, including HBCUs, MSIs, and Tribal Colleges and Universities.
- State, local, and territory governments should enter into data sharing agreements with universities, think tanks, food retailers, and other entities to provide administrative data about the use of food banks, participation in after-school sports, or development of Tribal traditional food systems.
- State, local, and territory governments should invest in programs building the pipeline of researchers, particularly from communities of color, rural communities, and people with disabilities.
- Universities, colleges, and academic medical centers should bolster hunger, nutrition, and physical activity research and data collection disaggregated by factors, including race, ethnicity, and other demographic and social factors.
- Philanthropy should support research studies and efforts to bolster and diversify the nutrition science pipeline.
- The private sector should invest in robust research and development focused on nutrition, equity, and health, including research on the microbiome, immunity, diabetes, and other chronic diseases and underserved populations.



Appendix: Acknowledgments

The White House Domestic Policy Council (DPC) is deeply grateful for the commitment and dedication of the following partners:

Interagency Policy Committee: DPC thanks the 25 U.S. Government Departments and agencies and each of the components within the Executive Office of the President that are part of the IPC that helped guide this strategy. A special thanks goes to the teams at USDA and HHS who collaborated closely with DPC on planning the White House Conference on Hunger, Nutrition, and Health. DPC looks forward to continuing to work with and convene the IPC to implement and build on the national strategy.

Listening Session Participants and Support: DPC is grateful for the Cabinet members, Administration officials, and federal staff who joined the listening sessions, particularly those that facilitated the discussions and served as notetakers. Thank you to each panelist for sharing your personal story of lived experience. Your vulnerability and inspiring stories helped us better understand how to meet the needs of individuals and families living with hunger and/or diet-related diseases, and your experiences informed this strategy.

Members of Congress: DPC greatly appreciates the bipartisan support of Chairman McGovern, Senator Booker, and Senator Braun for the White House Conference on Hunger, Nutrition, and Health. DPC also recognizes and is grateful for the late Congresswoman Jackie Walorski for her unwavering commitment to ending hunger.

Stakeholders: DPC is thankful for the resounding support, input, and expertise from a diverse range of stakeholders that cut across all sectors and parts of the country. Our continued collaboration will be key to the successful implementation and long-term sustainability of the strategy. DPC looks forward to working with you in the years ahead to finally end hunger and reduce diet-related diseases and disparities in the U.S.



Appendix: Development of the Strategy

A Whole-of-Government Approach

Working across the government, the Biden-Harris Administration developed this holistic, whole-of-government approach to help change the system that allows disparities to persist and to drive transformative change to end hunger and reduce diet-related disease. The Biden-Harris Administration convened an interagency workgroup to plan and develop this strategy. The interagency workgroup includes 25 agencies and regional commissions.

- AmeriCorps
- Appalachian Regional Commission
- Delta Regional Authority
- Denali Commission
- Department of Agriculture
- Department of Commerce
- Department of Defense
- Department of Education
- Department of Health and Human Services
- Department of Housing and Urban Development
- Department of Interior
- Department of Justice
- Department of Labor
- Department of Transportation
- Department of the Treasury
- Department of Veterans Affairs
- Environmental Protection Agency
- Federal Emergency Management Agency
- Federal Trade Commission
- General Services Administration
- Northern Border Regional Commission
- Office of Personnel Management
- Small Business Administration
- Social Security Administration
- Southeast Crescent Regional Commission

Each agency has a role to play in ending hunger and reducing diet-related diseases. An inventory of the numerous existing federal programs and initiatives related to food insecurity, nutrition, and diet-related diseases was recently included in a report to Congress.



Stakeholder Engagement

In summer 2022, the Biden-Harris Administration conducted robust stakeholder engagement as part of the process of developing this strategy, including:

- Hosting six virtual, regional listening sessions that were open to the public;
- Hosting sector-specific listening sessions for individuals with lived experience, non-profits and advocacy groups, faith-based groups, labor groups; agriculture groups, health care groups; private sector companies, philanthropy, civil rights groups, youth groups, Veteran and military family groups, and many more;
- Hosting a Tribal Consultation;
- Opening a portal on the White House Conference website for any individual to share their ideas and experiences with hunger and/or diet-related diseases; and
- Releasing a toolkit that stakeholders could use to host their own convenings with their networks and communities.

Anti-hunger, nutrition, and public health advocates; community organizations; state, Tribal, local, and territory governments; food businesses; health care organizations; and many others have pioneered initiatives to end hunger and improve healthy eating and physical activity. Hearing their ideas, stories, and lessons learned was critical to informing this strategy. The Biden-Harris Administration prioritized incorporating insights from people with lived experience, who are often the most impacted by historic inequities, to ensure the actions outlined in the strategy meet the needs of the people they are intended to serve.



References

- ¹ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2022, September 7). *Household Food Security in the United States in 2021*. Retrieved from USDA Economic Research Report No. (ERR-309) 51 pp: <https://www.ers.usda.gov/publications/pub-details/?pubid=104655>
- ² Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2022, September 7). *Household Food Security in the United States in 2021*. Retrieved from USDA Economic Research Report No. (ERR-309) 51 pp: <https://www.ers.usda.gov/publications/pub-details/?pubid=104655>
- ³ FAO Statistics Division. (n.d.). *Hunger and food insecurity*. Retrieved September 14, 2022, from Food and Agriculture Organization of the United Nations: <https://www.fao.org/hunger/en/>
- ⁴ National Center for Chronic Disease Prevention and Health Promotion | Division of Nutrition, Physical Activity, and Obesity. (2022, September 27). *Adult Obesity Prevalence Maps*. Retrieved from Centers for Disease Control and Prevention: www.cdc.gov/obesity/data/prevalence-maps.html; Warren, M., Beck, S., & West, M. (2022, September). *The State of Obesity: Better Policies for a Healthier America 2022*. Retrieved from Trust for America's Health.
- ⁵ National Diabetes Prevention Program. (2021, December 21). *About Prediabetes & Type 2 Diabetes*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/diabetes/prevention/about-prediabetes.html>
- ⁶ National Center for Chronic Disease Prevention and Health Promotion. (2022, June 7). *Cancer*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/cancer.htm>
- ⁷ Ostchega, Y., Fryar, C. D., Nwankwo, T., & Nguyen, D. T. (2020, April). *Hypertension Prevalence Among Adults Aged 18 and Over: United States, 2017–2018*. Retrieved from NCHS Data Brief, No. 364: <https://www.cdc.gov/nchs/data/databriefs/db364-h.pdf>
- ⁸ National Center for Health Statistics. (2022, September 6). *Leading Causes of Death*. Retrieved from U.S. Department of Health & Human Services | Centers for Disease Control and Prevention: <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>
- ⁹ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2022, September 7). *Household Food Security in the United States in 2021*. Retrieved from USDA Economic Research Report No. (ERR-309) 51 pp: <https://www.ers.usda.gov/publications/pub-details/?pubid=104655>; Military Family Advisory Network. (n.d.). *Military Family Support Programming Survey 2019 Results*. Retrieved from Military Family Advisory Network: <https://www.mfan.org/wp-content/uploads/2021/10/MFAN2019SurveyResults.pdf>; U.S. Department of Agriculture. (2022, September 7). *Interactive Charts and Highlights*. Retrieved from U.S. Department of Agriculture | Economic Research Service: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/interactive-charts-and-highlights/#disability>; Centers for Disease Control and Prevention. (n.d.). *National Diabetes Statistics Report 2020 | Estimates of Diabetes and Its Burden in the United States*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>; National Center for Chronic Disease Prevention and Health Promotion. (2019, July 1). *Rural Health*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/rural-health.htm>; Ostchega, Y., Fryar, C. D., Nwankwo, T., & Nguyen, D. T. (2020, April). *Hypertension Prevalence Among Adults Aged 18 and Over: United States, 2017–2018*. Retrieved from NCHS Data Brief, No. 364: <https://www.cdc.gov/nchs/data/databriefs/db364-h.pdf>; File, T., & Marshall, J. (2021, August 11). *Household Pulse Survey LGBT Community Harder Hit by Economic Impact of Pandemic | Shows LGBT Adults More Likely to Report Living in Households With Food and Economic Insecurity Than Non-LGBT Respondents*. Retrieved from U.S. Census



Bureau: <https://www.census.gov/library/stories/2021/08/lgbt-community-harder-hit-by-economic-impact-of-pandemic.html>; Milken Institute School of Public Health. (2020, September 23). *Survey Finds 40 Percent of Puerto Rican Families Reporting Food Insecurity Due to COVID-19*. Retrieved from The George Washington University: <https://publichealth.gwu.edu/content/survey-finds-40-percent-puerto-rican-families-reporting-food-insecurity-due-covid-19>; Lee-Kwan, S., Kumar, G., Ayscue, P., Santos, M., McGuire, L. C., Blanck, H. M., & Nua, M. T. (2015, March 20). *Healthful Food Availability in Stores and Restaurants — American Samoa, 2014*. Retrieved from Morbidity and Mortality Weekly Report (MMWR) | Centers for Disease Control and Prevention: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4584804/>

¹⁰ CommunicateHealth, Inc. (2022, September 16). Impacts of Food Insecurity & Diet-related Diseases: Individuals and Societal Costs; Burrows, T., Goldman, S., Pursey, K., & Lim, R. (2016, September 7). *Is there an association between dietary intake and academic achievement: a systematic review*. Retrieved from Journal of Human Nutrition and Dietetics, Volume 30 Issue 2, p. 117-140: <https://pubmed.ncbi.nlm.nih.gov/27599886/>; Dash, S. R., O’Neil, A., & Jacka, F. N. (2016, April 29). *Diet and Common Mental Disorders: The Imperative to Translate Evidence into Action*. Retrieved from Frontiers in Public Health: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4850164/#B21>; Dieleman, J. L., Cao, J., Chapin, A., Chen, C., Li, Z., Liu, A., . . . Murray, J. C. (2020, March 3). *US Health Care Spending by Payer and Health Condition, 1996-2016*. Retrieved from JAMA: <https://pubmed.ncbi.nlm.nih.gov/32125402/>; Fang, D., Thomsen, M. R., & Nayga Jr, R. M. (2021, March 29). *The association between food insecurity and mental health during the COVID-19 pandemic*. Retrieved from BMC Public Health: <https://bmcpub.lichealth.biomedcentral.com/articles/10.1186/s12889-021-10631-0>; Goettler, A., Grosse, A., & Sonntag, D. (2017, October 5). *Productivity loss due to overweight and obesity: a systematic review of indirect costs*. Retrieved from BMJ Open: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640019/>; Leung, C. W., Epel, E. S., Willett, W. C., Rimm, E. B., & Laraia, B. A. (2014, December 31). *Household Food Insecurity Is Positively Associated with Depression among Low-Income Supplemental Nutrition Assistance Program Participants and Income-Eligible Nonparticipants*. Retrieved from The Journal of Nutrition, Volume 145, Issue 3, Pages 622–627: <https://academic.oup.com/jn/article/145/3/622/4743717>; National Center for Chronic Disease Prevention and Health Promotion. (2022, August 10). *Preventing and controlling chronic diseases is a matter of national security*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/military-readiness.htm>; Shepard, D. S., Setren, E., & Cooper, D. (2011, October). *Hunger in America: Suffering We All Pay For*. Retrieved from Center for American Progress: http://cdn.americanprogress.org/wp-content/uploads/issues/2011/10/pdf/hunger_paper.pdf?_ga=2.152536697.1162153604.1658673445-1022612228.1651170432; Virani, S. S., Alonso, A., Benjamin, E. J., Bittencourt, M. S., Callaway, C. W., Carson, A. P., . . . Tsao, C. W. (2020, January 29). *Heart Disease and Stroke Statistics—2020 Update: A Report From the American Heart Association*. Retrieved from Circulation: <https://doi.org/10.1161/CIR.0000000000000757>

¹¹ Hales, L., & Coleman-Jensen, A. (2022, February 7). *Food Insecurity for Households With Children Rose in 2020, Disrupting Decade-long Decline*. Retrieved from USDA | Economic Research Service: <https://www.ers.usda.gov/amber-waves/2022/february/food-insecurity-for-households-with-children-rose-in-2020-disrupting-decade-long-decline/>

¹² Hales, L., & Coleman-Jensen, A. (2022, February 7). *Food Insecurity for Households With Children Rose in 2020, Disrupting Decade-long Decline*. Retrieved from USDA | Economic Research Service: <https://www.ers.usda.gov/amber-waves/2022/february/food-insecurity-for-households-with-children-rose-in-2020-disrupting-decade-long-decline/>

¹³ Bryant, E. (2021, March 9). *Most COVID-19 hospitalizations due to four conditions*. Retrieved from NIH Research Matters | National Institutes of Health: <https://www.nih.gov/news-events/nih-research-matters/most-covid-19-hospitalizations-due-four-conditions>

¹⁴ U.S. Department of Agriculture. (2020, December). *Dietary Guidelines for Americans 2020-2025, 9th edition*. Retrieved from U.S. Department of Agriculture: https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf; Office of Disease Prevention and Health Promotion | Healthy



People 2030. (n.d.). *Physical Activity*. Retrieved from U.S. Department of Health and Human Services: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity>

¹⁵ U.S. Department of Agriculture. (2020, December). *Dietary Guidelines for Americans 2020-2025, 9th edition*. Retrieved from U.S. Department of Agriculture: https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf

¹⁶ National Center for Health Statistics. (2022, September 6). *Exercise or Physical Activity*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/nchs/fastats/exercise.htm>

¹⁷ U.S. Department of Health and Human Services. (2018). *Physical Activity Guidelines for Americans, 2nd edition*. Retrieved from U.S. Department of Health and Human Services: https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

¹⁸ Office of Disease Prevention and Health Promotion. (n.d.). *Food Insecurity | Healthy People 2030*. Retrieved September 14, 2022, from U.S. Department of Health and Human Services: <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity>

¹⁹ Rhone, A., Ploeg, M. V., Williams, R., & Breneman, V. (2019, May). *Understanding Low-Income and Low-Access Census Tracts Across the Nation: Subnational and Subpopulation Estimates of Access to Healthy Food*. Retrieved from U.S. Department of Agriculture | Economic Research Service: <https://www.ers.usda.gov/webdocs/publications/93141/eib-209.pdf?v=7340.2>

²⁰ Chang, S., & Kim, K. (2017, August 29). *A review of factors limiting physical activity among young children from low-income families*. Retrieved from Journal of Exercise Rehabilitation: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5667611/>

²¹ The White House. (2022, September). *The Biden-Harris Economic Blueprint*. Retrieved from The White House: <https://www.whitehouse.gov/wp-content/uploads/2022/09/Biden-Economic-Blueprint-Report-720PM-MASTER-DOC.pdf>

²² Burns, K., Fox, L., & Wilson, D. (2022, September 13). *Expansions to Child Tax Credit Contributed to 46% Decline in Child Poverty Since 2020*. Retrieved from U.S. Census Bureau: <https://www.census.gov/library/stories/2022/09/record-drop-in-child-poverty.html>

²³ Shafer, P. R., Gutiérrez, K. M., Ettinger de Cuba, S., Bovell-Ammon, A., & Raifman, J. (2022, January 13). *Association of the Implementation of Child Tax Credit Advance Payments*. Retrieved from JAMA: https://childrenshealthwatch.org/wp-content/uploads/shafer_2022_oi_211202_1641586727.69679.pdf

²⁴ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2022, September). *Household Food Security in the United States in 2021*. Retrieved from U.S. Department of Agriculture | Economic Research Service: <https://www.ers.usda.gov/webdocs/publications/104656/err-309.pdf?v=8000.1>

²⁵ Llobrera, J., Saenz, M., & Hall, L. (2021, August 26). *USDA Announces Important SNAP Benefit Modernization*. Retrieved from Center on Budget and Policy Priorities: <https://www.cbpp.org/research/food-assistance/usda-announces-important-snap-benefit-modernization>; Wheaton, L., & Kwon, D. (2022, August 1). *Effect of the Reevaluated Thrifty Food Plan and Emergency Allotments on Supplemental Nutrition Assistance Program Benefits and Poverty*. Retrieved from Urban Institute: <https://www.urban.org/research/publication/effect-reevaluated-thrifty-food-plan-and-emergency-allotments-supplemental>

²⁶ Huang, J., Barnidge, E., & Kim, Y. (2015, July 22). *Children Receiving Free or Reduced-Price School Lunch Have Higher Food Insecurity Rates in Summer*. Retrieved from The Journal of Nutrition, Volume 145, Issue 9, Pages 2161–2168: <https://academic.oup.com/jn/article/145/9/2161/4585742?login=true>; Franckle, R., Adler, R., &



Davison, K. (2014, June 12). *Accelerated Weight Gain Among Children During Summer Versus School Year and Related Racial/Ethnic Disparities: A Systematic Review*. Retrieved from Preventing Chronic Disease: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4060873/>

²⁷ Collins, A. M., Briefel, R., Klerman, J. A., Wolf, A., Rowe, G., Logan, C., . . . Lyskawa, J. (2016, May). *Summer Electronic Benefit Transfer for Children (SEBTC) Demonstration: Summary Report*. Retrieved from U.S. Department of Agriculture | Food and Nutrition Service: https://fns-prod.azureedge.us/sites/default/files/ops/sebtc_finalreport.pdf

²⁸ The Sentencing Project. (2015, September). *A Lifetime of Punishment: The Impact of the Felony Drug Ban on Welfare Benefits*. Retrieved from The Sentencing Project: <https://www.sentencingproject.org/wp-content/uploads/2015/12/A-Lifetime-of-Punishment.pdf>; Yang, C. S. (2017, May). *Does Public Assistance Reduce Recidivism?* Retrieved from American Economic Review: Papers and Proceedings, Vol. 107, No. 5: http://www.law.harvard.edu/programs/olin_center/papers/pdf/Yang_920.pdf; Durose, M. R., Cooper, A. D., & Snyder, H. N. (2014, April). *Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010 - Update*. Retrieved from Bureau of Justice Statistics: <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=4986>; Tuttle, C. (2018, June 12). *Snapping Back: Food Stamp Bans and Criminal Recidivism*. Retrieved from Social Science Research Network: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2845435; Couloute, L., & Kopf, D. (2018, July). *Out of Prison & Out of Work: Unemployment among formerly incarcerated people*. Retrieved from Prison Policy Initiative: <https://www.prisonpolicy.org/reports/outofwork.html>; deVunono-powell, S., Schweidler, C., Walters, A., & Zohrabi, A. (2015, September). *Who Pays? The True Cost of Incarceration on Families*. Retrieved from Ella Baker Center for Human Rights, Forward Together, and Research Action Design: <http://whopaysreport.org/wp-content/uploads/2015/09/Who-Pays-FINAL.pdf>

²⁹ Rothwell, J. (2014, September 30). *How the War on Drugs Damages Black Social Mobility*. Retrieved from The Brookings Institution: <https://www.brookings.edu/blog/social-mobility-memos/2014/09/30/how-the-war-on-drugs-damages-black-social-mobility/>

³⁰ U.S. Department of Agriculture. (2021, November 15). *At White House Tribal Leaders Summit, USDA Announces New Initiatives Serving Indian Country*. Retrieved from U.S. Department of Agriculture: <https://www.usda.gov/media/press-releases/2021/11/15/white-house-tribal-leaders-summit-usda-announces-new-initiatives>

³¹ Rhone, A., Ver Ploeg, M., Dicken, C., Williams, R., & Breneman, V. (2017, January). *Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015*. Retrieved from U.S. Department of Agriculture | Economic Research Service: <https://www.ers.usda.gov/webdocs/publications/82101/eib-165.pdf?v=3395.3>

³² Buzby, J. C., Wells, H. F., & Hyman, J. (2014, February 20). *The Estimated Amount, Value, and Calories of Postharvest Food Losses at the Retail and Consumer Levels in the United States*. Retrieved from U.S. Department of Agriculture | Economic Research Service: <https://www.ers.usda.gov/publications/pub-details/?pubid=43836>

³³ Berkowitz, S. A., Terranova, J., Hill, C., Ajayi, T., Linsky, T., Tishler, L. W., & DeWalt, D. A. (2018, April). *Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries*. Retrieved from Health Affairs | Culture of Health: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.0999>

³⁴ De Lew, N., & Sommers, B. D. (2022, March 31). *Addressing Social Determinants of Health in Federal Programs*. Retrieved from JAMA Health Forum: <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2790811>

³⁵ Belleny, D. (2021, March 10). *The Unique Implications of Diversifying Dietetics*. Retrieved from Center for Primary Care | Harvard Medical School: <https://info.primarycare.hms.harvard.edu/review/diversifying-dietetics>



-
- ³⁶ Dosedel, E. (2021, November). *Compensation and Benefits Survey 2021*. Retrieved from Journal of the Academy of Nutrition and Dietetics: <https://www.jandonline.org/action/showPdf?pii=S2212-2672%2821%2901258-2>
- ³⁷ Lando, A., Verrill, L., & Wu, F. (2021, March). *FDA's Food Safety and Nutrition Survey (FSANS), 2019 Survey*. Retrieved from U.S. Food & Drug Administration: <https://www.fda.gov/media/146532/download>
- ³⁸ Croker, H., Packer, J., Russell, S. J., Stansfield, C., & Viner, R. (2020, May 4). *Front of pack nutritional labelling schemes: a systematic review and meta-analysis of recent evidence relating to objectively measured consumption and purchasing*. Retrieved from Journal of Human Nutrition and Dietetics, Volume 33, Issue 4, p. 518-537: <https://pubmed.ncbi.nlm.nih.gov/32364292/>; Roberto, C. A., Ng, S. W., Ganderats-Fuentes, M., Hammond, D., Barquera, S., Jauregui, A., & Taillie, L. S. (2021, October 11). *The Influence of Front-of-Package Nutrition Labeling on Consumer Behavior and Product Reformulation*. Retrieved from Annual Review of Nutrition: <https://pubmed.ncbi.nlm.nih.gov/34339293/>
- ³⁹ Miller, P. E., Reedy, J., Kirkpatrick, S. I., & Krebs-Smith, S. M. (2014, November 1). *The United States Food Supply Is Not Consistent with Dietary Guidance: Evidence from an Evaluation Using the Healthy Eating Index-2010*. Retrieved from Journal of the Academy of Nutrition and Dietetics, Volume 115, Issue 1, Pages 95-100: <https://doi.org/10.1016/j.jand.2014.08.030>
- ⁴⁰ Center for Food Safety and Applied Nutrition. (2021, October). *Guidance for Industry: Voluntary Sodium Reduction Goals*. Retrieved from Food and Drug Administration: www.fda.gov/SodiumReduction
- ⁴¹ UConn Rudd Center for Food Policy & Health. (n.d.). *Food Marketing*. Retrieved September 14, 2022, from University of Connecticut: <https://uconnruddcenter.org/research/food-marketing/>
- ⁴² Harris, J. L., Fleming-Milici, F., Phaneuf, L., Jensen, M., Yoon, Y., McCann, M., & Mancini, S. (2021, June). *Fast food advertising: Billions in spending, continued high exposure by youth*. Retrieved from UConn Rudd Center for Food Policy & Obesity: <https://media.ruddcenter.uconn.edu/PDFs/FACTS2021.pdf>
- ⁴³ Gittelsohn, J., Rowan, M., & Gadhoke, P. (2012, February 16). *Interventions in small food stores to change the food environment, improve diet, and reduce risk of chronic disease*. Retrieved from Preventing Chronic Disease: <https://pubmed.ncbi.nlm.nih.gov/22338599/>
- ⁴⁴ Thomson, J., Landry, A., & Walls, T. (2022, June 14). *Can United States adults accurately assess their diet quality*. Retrieved from U.S. Department of Agriculture | Agricultural Research Service: <https://www.ars.usda.gov/research/publications/publication/?seqNo115=391830>
- ⁴⁵ U.S. Department of Health and Human Services. (2018). *Physical Activity Guidelines for Americans, 2nd edition*. Retrieved from U.S. Department of Health and Human Services: https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf; Office of Disease Prevention and Health Promotion | Healthy People 2030. (n.d.). *Physical Activity*. Retrieved from U.S. Department of Health and Human Services: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity>
- ⁴⁶ Division of Nutrition, Physical Activity, and Obesity | National Center for Chronic Disease Prevention and Health Promotion. (2022, March 16). *Parks, Recreation and Green Spaces*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/physicalactivity/activepeoplehealthynation/everyone-can-be-involved/parks-recreation-and-green-spaces.html>
- ⁴⁷ Young, D. R., Craddock, A. L., Eyler, A. A., Fenton, M., Pedrosa, M., Sallis, J. F., & Whitsel, L. P. (2020, September 15). *Creating Built Environments That Expand Active Transportation and Active Living Across the United States: A Policy Statement From the American Heart Association*. Retrieved from Circulation, Volume 142, Issue 11, Pages 167-183: <https://www.ahajournals.org/doi/epub/10.1161/CIR.0000000000000878>



⁴⁸ Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030 | Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity — PA-08*. Retrieved from U.S. Department of Health and Human Services: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity/increase-proportion-adolescents-who-do-enough-aerobic-and-muscle-strengthening-activity-pa-08>; U.S. Department of Health and Human Services. (2018). *Physical Activity Guidelines for Americans, 2nd edition*. Retrieved from U.S. Department of Health and Human Services: https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

⁴⁹ Piercy, K. L., Bevington, F., Vaux-Bjerke, A., Hilfiker, S. W., Arayasirikul, S., & Barnett, E. Y. (2020, February 21). *Understanding Contemplators' Knowledge and Awareness of the Physical Activity Guidelines*. Retrieved from Journal of Physical Activity and Health, Volume 17, Issue 4: <https://journals.humankinetics.com/view/journals/jpah/17/4/article-p404.xml>

⁵⁰ Bergeron, C. D., Tanner, A. H., Friedman, D. B., Zheng, Y., Schrock, C. S., Bornstein, D. B., . . . Swift, N. (2019, March 4). *Physical Activity Communication: A Scoping Review of the Literature*. Retrieved from Health Promotion Practice: <https://pubmed.ncbi.nlm.nih.gov/30832516/>