

July 15, 2022

The Honorable Joseph R. Biden
The President of the United States of America

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Washington, D.C. 20036

RE: Academy of Nutrition and Dietetics' Priorities for the
White House Conference on Hunger, Nutrition, and Health

Dear President Biden:

The Academy of Nutrition and Dietetics (the “Academy”) welcomes the opportunity to continue our collaborative work with the Biden-Harris Administration through the White House Conference on Hunger, Nutrition, and Health to accelerate improvement in national health and well-being through food and nutrition. Representing more than 112,000 registered dietitian nutritionists (RDNs),¹ nutrition and dietetics technicians, registered (NDTRs) and advanced-degree nutritionists, the Academy is the largest association of food and nutrition practitioners in the United States and is committed to improving the nation’s health and advancing the profession of nutrition and dietetics through research, education and advocacy.

Academy members’ extensive formal education and training provides expertise in all aspects of food and nutrition, enabling us to play a key role in shaping the public’s food choices and improving people’s nutritional status to prevent and treat chronic disease. Academy members are recognized for their unique ability to conduct and translate science and evidence through education, medical nutrition therapy and intensive behavior therapy² to empower consumers to make healthful choices. The National Academies of Sciences, Engineering, and Medicine (formerly the Institute of Medicine) maintains that “the registered dietitian is currently the single identifiable group of health-care practitioners with standardized education, clinical training, continuing education and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy.”³ To achieve the Academy’s vision of a world where all people thrive through the transformative power of food and nutrition, Academy members must continue to be at the table, working with policy leaders at every level of government to promote health and reduce the burden of chronic disease through nutrition services and interventions.

The Academy applauds bipartisan efforts leading to the second White House Conference on Hunger, Nutrition, and Health, and respectfully share the following recommendations in anticipation of our participation in the live event. It is our fervent hope that the leadership and participants in the White House Conference on Hunger, Nutrition, and Health acknowledge the

¹ The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

² Medical Nutrition Therapy is defined as nutrition care services provided for treatment or management of diseases or medical conditions.

³ Institute of Medicine (US) Committee on Nutrition Services for Medicare Beneficiaries. The Role of Nutrition in Maintaining Health in the Nation’s Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population. *Washington (DC): National Academies Press (US); 2000.* 13, Providers of Nutrition Services. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK225306/>.

fundamental importance of nutrition by committing to actively pursue, implement and fund policies and programs addressing all social determinants of health – from health care access and quality to education opportunities and from economic stability to the neighborhood and built environment.

Health begins in our homes, schools, workplaces and communities. Social determinants of health have contributed to the impact of chronic diseases and hunger across the nation with a disproportionate effect on minority populations, and these determinants are shaped by the distribution of money, power and resources at global, national and local levels. Social determinants are most responsible for health inequities. Complex problems of hunger and chronic diet-related diseases will not be solved by focusing on a single root cause.

In advance of the conference, the Academy has convened and participated in a number of coalitions and work groups to develop broad recommendations, including the Tufts Strategy Group, the Diabetes Advocacy Alliance and as a steering committee member of the National Alliance for Nutrition and Activity Coalition; we agree with the majority of recommendations submitted. To achieve the aspirations of the White House Conference on Hunger, Nutrition, and Health – to end hunger and increase healthy eating and physical activity by 2030 – the Academy respectfully offers the following priority recommendations:

Priority Recommendations from the Academy of Nutrition and Dietetics

1. *Government and non-government entities should fully leverage the training and skills of nutrition and dietetics practitioners in all clinical and community settings.*

Diet-related chronic disease and health disparities disproportionately affect minority and marginalized communities experiencing socioeconomic inequalities, barriers to education, systemic racism, insufficient access to health care and limited access to healthful foods and safe places for optimizing physical activity. The COVID-19 pandemic has amplified these disparities and underscored the importance of nutrition in the overall well-being of Americans. Academy members’ – registered dietitian nutritionists and nutrition and dietetic technicians, registered – unique training and cross cutting skills include the knowledge to help motivate and promote healthy choices through nutrition education, nutrition interventions and policy, systems and environmental changes; growing and preparing healthful and culturally appropriate food; improving access and connections to healthy food sources; managing and treating disease states; and conducting research and analyzing data that informs food and nutrition practice and policies. Now is the time for the government to enable nutrition and dietetics practitioners to perform at the height of their abilities and scope of practice by utilizing specific training to address the hunger, nutrition and health challenges facing our nation.

Specifically, the Academy recommends:

- **Supporting efforts to diversify the workforce of nutrition and dietetics practitioners.**
 - Cultural competency and relatability are often the touchstones of success for engaging patients and clients and motivating them to change dietary patterns. The

National Academy of Medicine’s report, “Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care,” recommended increasing the proportion of health professionals from underrepresented racial and ethnic minority groups⁴. African Americans and Hispanics account for only 2% and 3% of registered dietitian nutritionists, respectively⁵, which is especially concerning given the prevalence of diet-related diseases among these populations. The low number of minority dietitians reflects, in part, a lack of adequate resources to diversify the field in the face of rising educational costs.

- **Investing \$300 million for Historically Black Colleges and Universities and other minority serving institutions to recruit, train and support the development of a diverse nutrition and dietetics workforce** through opening new dietetics programs, expanding existing programs and providing scholarships and other support to ensure students are able to complete their education and training in a timely and financially feasible manner.
- **Making RDNs eligible for HRSA’s National Health Service Corps Loan Repayment Program.** Currently, RDNs are ineligible for this federal loan repayment program. Reduced pathways towards debt forgiveness contributes to students from lower-income backgrounds not seeking careers in dietetics which in turn contributes to lower diversity within the profession. Additionally, adding RDNs to this program would promote health equity by increasing the number of RDNs working in Federally Qualified Health Centers or in Health Professional Shortage Areas to address the nutrition concerns of some of the country’s most vulnerable populations. Accomplishing this will require amending the Public Health Service Act.

“What frequently attracts students to HBCUs is that they may see the education as more relevant to and reflective of their life experiences of growing up in communities of color. Indeed, there is a lot of evidence that after graduating, students of color go back to their own local communities to work. Students often hope to be able to help decrease disparities in chronic disease and for RDNs of color this can propel them into clinical positions related to diabetes, renal, cardiovascular, and older adult nutrition care.” – National Organization of Blacks in Nutrition and Dietetics Academy Work Group submission

- **Elevating the role of the nutrition and dietetics practitioner as part of the health care team.**

⁴ Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. *Washington (DC): National Academies Press (US)*. 2003. doi: 10.17226/12875.

⁵ Dosedel E. Compensation and Benefits Survey 2021. *Journal of the Academy of Nutrition Dietetics*. 2021;121(11):2314-2331. doi: 10.1016/j.jand.2021.08.113.

- Support the expansion of nutritional care services, covered by both government and private insurers, provided by registered dietitian nutritionists for the prevention and treatment of nutrition-related chronic diseases.

“The current coverage for MNT is very limited and excludes risks related to obesity, malnutrition, cancer, pre-diabetes and many other factors that are known to lead to acute, even life-threatening events.” – Submission from Academy members in Arizona and Washington, D.C.

“Nutrition care services provided by RDNs in a variety of settings need to be reimbursable through health insurance with increased coverage so individuals can receive the overall care they need to improve their health. If more nutrition services were covered through health insurance, people would be able to focus on cost-effective preventive care rather than more expensively managing the disease. Access to nutrition care services should be easy and should not be an out-of-pocket expense for Americans” – Food and Culinary Professionals Dietetics Practice Group submission

- **Empowering consumers by ensuring a retail nutrition and dietetics professional is available in all grocery outlets in the United States.**
 - During the pandemic, consumers report paying more attention overall to improving nutrition, health and self-care.⁶ It is imperative to maximize nutrition services where consumers are sourcing their food. Data suggests that utilizing a dietitian in the retail setting to provide medical nutrition therapy (MNT), healthy food prescriptions, nutrition education or education on federal nutrition programs leads to improved health outcomes.
 - Invest federal funds to incentivize retail outlets to provide nutrition services in their stores.

“The food industry plays an important role in combatting hunger and promoting nutrition and health with the grocery store as an accessible, convenient community-based destination for feeding assistance, preventive care, nutrition guidance and nourishing practical meal solutions. Grocery stores serve as a destination for food, nutrition and health for countless Americans and are a centerpiece in regional food systems, local communities and healthcare ecosystems.” – Food and Culinary Professionals Dietetics Practice Group White House Conference submission

- **Fully funding the Coordinated School Health program to ensure adequate resources for nutrition and dietetics practitioners in the school setting.**

⁶ The Food Industry Association. The Power of Health and Well-Being in the Food Industry. *FMI*. <https://www.fmi.org/forms/store/ProductFormPublic/power-of-health-and-well-being-in-food-retail-2021>. Accessed on July 14, 2022.

- Use the existing CSH framework to build a strong network of nutrition and dietetics practitioners offering nutrition services for students and families in every school district in the country.
 - Ensure that the food and nutrition policies, systems and environment in the school setting is making the healthy choice the easiest choice and preparing students and their families to develop healthy food and exercise behaviors outside of the school setting.
- **Significantly increasing the investment in nutrition interventions, such as the REACH program and SNAP-Ed in underserved communities.**

2. Ensure all Americans have access to quality nutrition care services.

The Academy works with all stakeholders and policy makers to identify and help enact non-partisan public policy solutions that promote health and reduce the burden of chronic disease through the transformative power of nutrition. Our nation is paying the price for overlooking the importance of nutrition in preventing and treating chronic diseases. America's current health care system is too often reliant on crisis-intervention and disease care rather than promoting disease prevention, wellness and healthy lifestyles. Despite significant U.S. health care spending, tens of millions of Americans have preventable diseases, necessitating a paradigm change that prioritizes cost-effective and clinically effective prevention and treatment modalities with nutrition at their core.⁷

Specifically, the Academy recommends:

- **Supporting full coverage of medical nutrition therapy (MNT) in Medicare Part B for any clinically indicated condition upon referral and without limits on the number of visits.**
 - MNT is an existing Medicare Part B benefit that is limited to patients with diabetes or kidney disease. MNT is a cost-effective component of treatment for obesity, diabetes, hypertension, dyslipidemia, HIV infection, unintended weight loss in older adults and other chronic conditions.⁸ Counseling provided by an RDN as part of a health care team positively impacts weight, blood pressure, blood lipids and blood sugar control.⁹ Yet most conditions are not covered under Medicare.

⁷ Academy of Nutrition and Dietetics. Public Policy Priorities. https://www.eatrightpro.org/-/media/eatrightprofiles/advocacy/academy-public-policy-priorities_2021.pdf?la=en&hash=484E479DC20BD1B6FACE0A3BB7086F3C652F748F. Accessed on July 14, 2022.

⁸ Academy of Nutrition and Dietetics. MNT: Cost Effectiveness, Cost-Benefit, or Economic Savings of MNT. *Academy of Nutrition and Dietetics Evidence Analysis Library*. 2009. <https://www.andeal.org/topic.cfm?cat=4085>. Accessed on July 14, 2022.

⁹ Academy of Nutrition and Dietetics. *Medical Nutrition Therapy Issue Brief*. <https://www.eatrightpro.org/-/media/eatrightprofiles/advocacy/legislation/mntactissuebrief2021.pdf?la=en&hash=839F361EAAA9476E9588EA032B9418576339CB2>. Accessed on July 14, 2022.

- See the Medical Nutrition Therapy Act of 2021 (H.R. 3108/S. 1536) as example legislation to support. This bill is supported by more than 50 national health care organizations.
- **Requiring that nutrition care services including MNT provided by an RDN without condition limitations be enumerated as required preventive health service under the Essential Health Benefits.**
 - Currently only “diet counseling” is listed, which is not the name of a specific service. This ambiguity had led to payers implementing this through a variety of often non-evidence-based mechanisms, which would be solved by updating the guidance to specify “Medical Nutrition Therapy by a registered dietitian nutritionist.”
- **Encouraging and incentivizing states to include coverage of MNT provided by an RDN as enumerated benefits in their Medicaid and CHIP programs.**
- **Adding Registered Dietitian Nutritionists as billable providers for all services in Medicare Part B that are within their scope of practice.**
 - In 2000, Congress authorized the medical nutrition therapy benefit for diabetes and non-end stage renal disease in Medicare Part B, recognizing RDNs as billable providers under the Medicare program. Since the benefit and RDN provider status became effective on January 1, 2002, CMS has adopted an unnecessarily limited and legally unsubstantiated regulatory interpretation that no other services may be billed for by RDNs under Medicare Part B.
 - Services that RDNs are capable of providing within their scope of practice that are not billable by RDNs under Medicare Part B include:
 - G0447 and G0473: Intensive Behavioral Therapy for Obesity Benefit; RDNs can only provide the service “incident to” a primary care provider
 - 95249-95251: Ambulatory continuous glucose monitoring; RDNS can only perform these services “incident to” a physician, physician assistant, or nurse practitioner
 - 98970-98972: Online digital assessment and management service
 - 99406-7: Smoking and tobacco use cessation counseling visit
 - 99424-99425: Principal care management services, for a single high-risk disease, per calendar month
 - 99453-4: Remote monitoring of physiologic parameters
 - 99091: Collection and interpretation of physiologic data digitally stored and/or transmitted
 - 99457-8: Remote physiologic monitoring treatment management services
- **Promoting efforts to increase utilization of the Diabetes Self-Management Training benefit in Medicare Part B.**

- DSMT is an evidence-based, cost-saving Medicare benefit that is extremely underutilized due, in part, to problem with the benefit design that create barriers for both patients and providers to using the benefit.^{10,11}
- See the Expanding Access to Diabetes Self-Management Training Act of 2021 (H.R. 5804/S. 2203) as example legislation to support.
- **Funding large-scale pilots for medical tailored meals programs within traditional Medicare, Medicare Advantage and Medicaid.**
 - Medically tailored meals interventions should follow the model set by the Food is Medicine Coalition, which includes assessment and counseling by a registered dietitian nutritionist along with provision of the meals recommended by the RDN based on the client’s needs.
- **Covering anti-obesity medications with Medicare Part D**
 - CMS has interpreted a statutory preclusion against coverage of “weight loss” drugs as applying to anti-obesity medications, thus failing to provide access to these medications that, combined with counseling, are a main tool for treating obesity. CMS has reinterpreted similar language before to allow cachexia drugs despite a preclusion against drugs for “weight gain,” and we request a similar interpretation for anti-obesity medications. This could also be accomplished legislatively via the Treat and Reduce Obesity Act that would explicitly allow coverage of anti-obesity medications and expand access to the counseling services that are required for on-label use of these medications.

3. *Invest in prevention and redesign the food and nutrition experience where Americans go to school, work and play.*

Chronic diseases such as heart disease, stroke, cancer, diabetes and obesity are the leading causes of death and disability in the United States, according to the Centers for Disease Control and Prevention. Nutrition plays a critical role in the prevention of these chronic diseases. Registered dietitian nutritionists are uniquely qualified to prevent, treat and manage chronic disease. Nutrition and dietetic technicians, registered, are also an integral part of health care and food service management teams.

Specifically, the Academy recommends:

¹⁰ Powers MA, Bardsley JK, Cypress M, et al. Diabetes Self-management Education and Support in Adults With Type 2 Diabetes: A Consensus Report of the American Diabetes Association, the Association of Diabetes Care and Education Specialists, the Academy of Nutrition and Dietetics, the American Academy of Family Physicians, the American Academy of PAs, the American Association of Nurse Practitioners, and the American Pharmacists Association. *Journal of the Academy of Nutrition and Dietetics*. 2021;121(4):773-788.e9. doi:10.1016/j.jand.2020.04.020.

¹¹ Martin H, Carstensen J. Advocating for Expanded Access to Diabetes Self-Management Training in Medicare. *Journal of the Academy of Nutrition and Dietetics*. 2020;120(8):1377-1380. doi:10.1016/j.jand.2020.06.009.

- **Providing Healthy School Meals for All students, regardless of income level.**
 - The Academy believes that Healthy School Meals for All is a critical strategy for educational and health outcomes for every student in America. School cafeterias are the healthiest place to eat for all students in the United States¹² and school meals provide a key support to children from underrepresented communities, helping to reduce racial disparities in both health and education.

“Healthy school meals are as important to learning as pencils and books. We must take advantage of this program and integrate healthy food with all aspects of learning such as nutrition education and experiential opportunities to grow and prepare food.” – School Nutrition Service Dietetics Practice Group submission

- **Incentivizing all states to include comprehensive nutrition education curriculum requirements.**
 - Research suggests that dietary behaviors can be improved by investing in food literacy and teaching culinary skills.¹³
 - Utilize integrated food and nutrition curricula to meet state education requirements.
- **Fully funding Farm to School Programs in every school and early childhood education center in the United States.**
 - Allow for regional and local food purchases for the school nutrition programs while building relationships between students and local growers and producers.
- **Increasing the reimbursement for the school meal programs.**
 - Increase reimbursement to account for higher quality, locally grown foods and increased skilled labor to support more scratch cooking and less processed foods.
- **Providing access to nutrition services and healthy food for all federal employees.**
 - All government facilities serving food should follow healthy eating and procurement guidelines so that all offerings align with the *Dietary Guidelines for Americans*. Fully implement the *Food Service Guidelines for Federal Facilities*.
 - Provide access to nutrition services from registered dietitian nutritionists to all federal employees, including service members and their families with TriCare, and encourage the utilization of this low-cost benefit.
- **Increasing funding for the CDC’s Division of Nutrition, Physical Activity, and Obesity**

¹² Liu J, Micha, R, et al. Trends in Food Sources and Diet Quality Among US Children and Adults, 2003-2018. *JAMA*. 2021;4(4):e215262. doi:10.1001/jamanetworkopen.2021.5262.

¹³ Begley A, Paynter E, Butcher LM, Dhaliwal SS. Effectiveness of an Adult Food Literacy Program. *Nutrients*. 2019; 11(4):797. <https://doi.org/10.3390/nu11040797>.

- DNPAO funds states, communities and tribal organizations to implement policy, systems and environmental change interventions to prevent and address obesity and other chronic diseases.
 - Increase funding for the Racial and Ethnic Approaches to Community Health program to \$75.5 million and for the Good Health and Wellness in Indian Country program to \$27 million to address the disproportionate impact of chronic disease on racial and ethnic minority populations in urban, rural, and tribal areas.
 - Increase funding for the State Physical Activity and Nutrition grant program to \$61.5 million to allow every state to receive funding under the program.
- **Incentivizing companies to provide access to nutrition services for all employees in their health plans.**
 - **Incentivizing companies to provide access to healthy food through their cafeterias, vending, and other on-site food retail settings.**
 - **Incentivizing local, county and state governments to enact healthy eating guidelines at all public venues where youth and adult sports and physical activity is conducted.**
4. Fully fund the *Dietary Guidelines for Americans* process; fund research necessary to inform its recommendations; and provide translation of data and implementation strategies necessary to reach all Americans.

The Academy recognizes the value of the *Dietary Guidelines for Americans* in improving the health of all populations but underscores the fact that effective nutrition programs require sufficient investments. Resources must be committed to undertake critically underfunded and longstanding gaps in human nutrition research to develop and refine evidence-based policies.

“MyPlate, which translates the Dietary Guidelines for Americans for the public, is, at present, not sufficiently culturally inclusive. More needs to be done to translate the guidance so that it is reflective of different cultures and the corresponding food traditions.” – Public Health Nutrition Dietetics Practice Group submission

Specifically, the Academy recommends:

- **Fully funding the research consistently identified by each of the Dietary Guidelines Advisory Committees needed to fill critical and longstanding gaps.¹⁴**
 - Establish a consistent USDA funding authorization to accomplish the requirements in the 1990 National Nutrition Monitoring and Related Research Act.

¹⁴ Academy of Nutrition and Dietetics. Academy of Nutrition and Dietetics Priorities for the 2018 Farm Bill: Promoting Healthy People, Healthful Food Systems and a Strong Economy. <https://www.eatrightpro.org/advocacy/legislation/all-legislation/farm-bill#Priorities> Accessed July 14, 2022.

- Provide sufficient funding for the completion of the Pregnancy and Birth to 24 Months nutrition guidance project, as required in the Agricultural Act of 2014.
- Increased funding for vital primary agricultural and nutrition research through the National Institute of Health and the National Institute of Food and Agriculture including the Agricultural and Food Research Initiative and the Agricultural Research Service Human Nutrition Research Centers.
- Increase funding for the Foundation for Food and Agriculture Research.
- Invest in adequate evaluation funding and program expertise to examine ways to improve health outcomes related to nutrition status, such as SNAP benefit adequacy, SNAP disbursement frequency (i.e., weekly or bi-monthly), reduction of participant stigma in nutrition assistance programs and child nutrition programs and improved nutritional health of SNAP participants. These projects should adhere to rigorous study design and build on past research conducted by USDA and HHS.
- Continue to strengthen linkages to nutrition programming and nutrition education research through the Interagency Committee on Human Nutrition Research, as outlined in the National Nutrition Research Roadmap.
- Revise the MLR data collection instrument to capture data specifying any expanded MNT benefits offered by Medicare Advantage Plans and make the data publicly available.¹⁵
- Research addressing why hunger persists, including how limited opportunities for economic mobility and other inequities and social determinants of health have contributed to hunger.
- Research to better understand how different federal nutrition programs across multiple agencies effectively improve food and nutrition security.
- Examine the experiences with strategies or innovative interventions that are working, could be improved or not working, to address food insecurity and neighborhood food environments; also examine these efforts through a health equity lens, including research strategies that could be applied to examine the potential translatability of these strategies/interventions to other settings or diverse populations.
- Implementation science research needed to examine the efficacy of providing specific resources or approaches to eliminate hunger and food insecurity and improve nutrition security and health for all.¹⁶

¹⁵ Academy of Nutrition and Dietetics. Academy Highlights Value of RDNs and MNT for Medicare Advantage Participants. *Academy of Nutrition and Dietetics Regulatory Comments*. March 7, 2022. <https://www.eatrightpro.org/news-center/on-the-pulse-of-public-policy/regulatory-comments/academy-highlights-value-of-rdns-and-mnt-for-medicare-advantage-participants> Accessed July 14, 2022.

¹⁶ Academy of Nutrition and Dietetics. Advocating for Nutrition Research. *Academy of Nutrition and Dietetics Regulatory Comments*. <https://www.eatrightpro.org/news-center/on-the-pulse-of-public-policy/regulatory-comments/advocating-for-nutrition-research> Accessed July 14, 2022.

- “Careful evaluation of validity, reliability, and feasibility of appropriate screening tools and metrics of success, as well as of the effectiveness, equitability, and costs of corresponding interventions.”¹⁷
- Expansion of the two-question Hunger Vital Sign food insecurity screening tool to incorporate health equity and the totality of nutrition security.
- **Fully funding the *Dietary Guidelines for Americans* so they can be translated into a communication and education campaign that can be delivered to all Americans.**
 - Provide adequate funds to test and implement a national campaign to educate Americans from a variety of backgrounds on culturally relevant healthy eating messages associated with the guidelines.

“Consumers have access to much nutrition information through the internet; however, nutrition misinformation is everywhere. Similar to MyPlate.gov, strong and reliable information on federal agency websites driven by science-based recommendations, can provide consumers with practical guidance, knowledge and understanding on making healthy choices.” – Food and Culinary Professionals Dietetics Practice Group submission

5) Support efforts to strengthen and expand the federal nutrition programs.

It is the position of the Academy of Nutrition and Dietetics that systematic and sustained action is needed to achieve food and nutrition security in the United States. To achieve food security, effective interventions are needed, along with adequate funding for, and increased utilization of, food and nutrition assistance programs; inclusion of nutrition education in such programs; strategies to support individual and household economic stability; and research to measure impact on food insecurity- and health-related outcomes.¹⁸

Millions of individuals living in the United States experience food insecurity. Negative nutritional and non-nutritional outcomes are associated with food insecurity across the lifespan, including substandard academic achievement, inadequate intake of key nutrients, increased risk for chronic disease, and poor psychological and cognitive functioning. Registered dietitian nutritionists and nutrition and dietetics technicians, registered, play key roles in addressing food insecurity and are uniquely positioned to make valuable contributions through competent and collaborative practice, provision of comprehensive food and nutrition education and training, innovative research related to all aspects of food insecurity, and advocacy efforts at the local, state, regional, and national levels.¹⁹

¹⁷ Mozaffarian D, Fleischhacker S, Andrés JR. Prioritizing Nutrition Security in the US. *JAMA*. 2021;325(16):1605-1606. doi:10.1001/jama.2021.1915.

¹⁸ Holben, David H., and Michelle Berger Marshall. Position of the Academy of Nutrition and Dietetics: food insecurity in the United States. *Journal of the Academy of Nutrition and Dietetics* 117.12 (2017): 1991-2002.

¹⁹ Holben DH, Marshall MB. Position of the Academy of Nutrition and Dietetics: Food Insecurity in the United States. *Journal of the Academy of Nutrition and Dietetics*. 2017;117(12):1991-2002. doi:10.1016/j.jand.2017.09.027.

“Our members are very concerned about the ability to meet dietary recommendations of their renal patients given the significant increase in food insecurity since the pandemic. Solutions need to address hunger, nutrition, and health must be holistic.” – Renal Dietetics Practice Group submission

Specifically, the Academy recommends:

- **Define nutrition security and develop metrics to assess nutrition security status.**
- **Ensuring access to WIC food and nutrition services for all Americans.**
 - WIC works! Data highlights that the changes in the WIC food package had positive impact on health outcomes including that not only was there a significant decrease in overall obesity rates for children aged zero to four, but there also was an increase in breastfeeding rates, which lead to healthier mothers and babies. WIC establishes life-long health benefits. Let’s ensure every child in the United States has access to WIC-type services either by qualifying for government assistance or accessing through private insurance.
 - Permanently increase the WIC Cash Value Benefit in order to promote consumption of fruits and vegetables for WIC recipients.
- **Ensuring the SNAP benefit is adequate to access healthful food.**
 - Increase the SNAP benefit level to prevent hunger and provide resources to help families make healthful food choices that keep up with food costs and allow for a diet that aligns with the *Dietary Guidelines for Americans*.
 - Regularly review the Thrifty Food Plan to ensure the SNAP benefit is in alignment with program goals to reducing food and nutrition insecurity and eliminating hunger.
- **Updating standards for SNAP retailers that increase the availability of healthful foods.**
 - Ensure regulations lead to enhanced retail offerings to promote and sell healthy foods.
 - Ensure adequate training and technical assistance are provided to assist retailers in meeting stronger standards.
 - Encourage coordination efforts with SNAP-Ed and CDC to assist retailers with strategies to improve healthier options and drive demand for these healthier options.
- **Doubling state grants for the SNAP Obesity Prevention and Nutrition Education Grant Program.**
 - With increased funding, SNAP-Ed can enhance nutrition education efforts, social marketing campaigns, and improve policies, systems, and the environment of the community.

- With increased funding SNAP-Ed can increase diversity among programs to better reach children and their families. This would entail boosting the number and types of SNAP-Ed State Implementing Agencies, local implementing agencies, and subcontractors participating in SNAP-Ed, particularly Black, Latino, Tribal and Indigenous leadership organizations.
- **Fully funding the GusNIP Program so it is available in every retail outlet and farmers' market in the United States.**
 - GusNIP will stimulate economic development, create jobs and improve health in low-income, underserved communities and communities of color in urban and rural areas by supporting farmers and healthy food retailers to improve access to nutritious, affordable food.
 - Eliminate the state match for the GusNIP Program.

“Expand access to federal nutrition programs and ensure there are no discriminatory barriers that limit participation, i.e., citizenship and employment status, and expand healthy and sustainable options within these programs. Integrate information about medically tailored grocery shopping into SNAP and WIC.” – Hunger and Environmental Nutrition DPG Public Policy Committee submission

The Academy looks forward to working closely with the Administration and policymakers to ensure that this bipartisan effort to elevate solutions and commitments to addressing our nation's hunger, nutrition, and health crises are successful. Nutrition and dietetics practitioners were key contributors to the first White House Conference and are poised to be active participants again.

We respectfully request that the White House Conference planning committee work directly with the Academy's Policy Initiatives and Advocacy team to identify experienced nutrition and dietetics practitioners to present at the in-person meeting in September. The Academy appreciates the opportunity to submit these priority recommendations. If you have any questions, please contact Jeanne Blankenship at JBlankenship@eatright.org.

Sincerely,



Jeanne Blankenship, MS, RDN
Vice President, Policy Initiatives and Advocacy
Academy of Nutrition and Dietetics