

July 15, 2022

Electronically submitted via email to WHHungerHealth@hhs.gov.

Ambassador Susan Rice
Assistant to the President for Domestic Policy
White House Domestic Policy Council
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Re: White House Conference on Hunger, Nutrition, and Health

Dear Ambassador Rice:

Thank you for the opportunity to submit this letter and share recommendations for the White House Conference on Hunger, Nutrition, and Health (the Conference) and corresponding national strategy to end hunger by 2030. We write on behalf of Children's HealthWatch, a network of pediatricians, public health researchers, and child health and policy experts committed to advancing health equity for young children and families by informing policies that alleviate economic hardships, including food insecurity. Since 1998, our research from the frontlines of pediatric care in hospitals in Boston, Baltimore, Little Rock, Minneapolis, and Philadelphia has provided timely evidence supporting robust efforts to reduce food insecurity as a key mechanism for improving health beginning in the prenatal period and extending through adulthood.

Data collected by USDA consistently demonstrate families with young children experience higher rates of food insecurity than the general population.¹ This is particularly concerning given robust research, including our own, linking food insecurity – even at marginal levels – and poor physical health and developmental outcomes among infants, toddlers, and preschoolers during a critical window of brain and body growth as well as associations with adverse parental physical and mental health outcomes and family economic stability.² Due to structural racism and systemic injustices, Black, Latino, Indigenous, rural, and immigrant families experience alarmingly high rates of food insecurity, which exacerbate health inequities across the lifespan.³ The onset of the COVID-19 pandemic have further increased these inequities and require urgent action.⁴

Given decades of research on the topic, the need to eliminate food insecurity and drivers of food insecurity among families with young children is a critical public health and health equity goal. Enclosed with this letter, we outline relevant research from Children's HealthWatch and other research and policy experts, as well as provide evidence-based recommendations for eliminating food insecurity and promoting health for inclusion in the Conference report and national strategy.

- 1. Food insecurity jeopardizes health in early childhood and increases avoidable health care costs across the lifespan. Focusing on the economic needs of young children and their families in policymaking is critical for improving health and decreasing concurrent and future health expenses.***

Food insecurity is strongly associated with increased risk of developmental delays, hospitalization, and fair/poor overall health in young children and parental fair/poor overall health and depressive symptoms, among other detrimental diseases and conditions.^{2,5,6} In older children, food insecurity is linked to developmental behavioral outcomes including early development, school performance, inattention, externalizing behaviors, and depression.⁷ All of these outcomes have long term effects on physical and mental health that may persist over a child's lifetime. Intervention early in life is key to stemming these effects and ensuring people have opportunities to live to their fullest potential.

Nationally, across all age groups, food insecurity conservatively results in \$178 billion of avoidable costs from direct and indirect health care expenditures, education costs, and lost work productivity.⁸ Among families with young children alone, food insecurity results in an estimated \$1.2 billion in avoidable health and special education costs.⁹

Focusing on the specific needs of families with young children and recognizing higher risk of adverse health and developmental/behavioral outcomes associated with food insecurity in this population is critical for advancing policy solutions that respond to these families' realities. Specifically, implementing evidence-based solutions rooted in and in response to the experiences of families with young children across all Conference pillars is critically necessary for accomplishing the Conference's mission to end hunger by 2030 and improve health outcomes for all Americans. Expanding the Conference's definition of health-related consequences of food insecurity is important as it acknowledges robust research across the lifespan – especially in the first 1000 days - beginning in the prenatal and early childhood periods.

2. Poverty and systemic racism are key drivers of food insecurity, which is, in turn linked to other economic hardships.

Food insecurity, which by definition includes a nutrition domain, is an economic condition stemming from a lack of financial resources to afford enough food for all household members to lead active, healthy lives.¹⁰ When families live at or near the federal poverty line, they are more likely to experience food insecurity.¹ Additionally, the ongoing legacy of systemic racism and discrimination against people of color and immigrants in the United States is a key driver of economic hardship and food insecurity inequities.

Research from Children's HealthWatch has demonstrated that mothers' experiences of discrimination based on race is significantly associated with household food insecurity and mothers' poor physical health and depressive symptoms.¹¹ Further, immigrant families who have been the target of xenophobic rhetoric and harmful, exclusionary policies experience higher rates of food insecurity than US-born families and are less likely to participate in federal assistance programs due to fear of impacts on future immigration status. This reality for immigrant families has been exacerbated in recent years given changes to the "public charge" rule under the Trump administration.¹² While these regulatory changes have been reversed during the Biden administration, their effects continue to persist.¹³

Children's HealthWatch research also shows strong linkages between food insecurity and other economic hardships including housing instability, energy insecurity, health care hardships, and child care constraints.^{14,15,16,17} Because food is often the most flexible expense on a family's budget, food insecurity is a marker for economic distress as families cut back on the quality and/or quantity of food in order to afford other basic needs.

Consideration of root causes of food insecurity and health inequities across the pillars of the Conference, therefore, is critical for developing policies and recommendations for eliminating hunger and improving health. Further, applying a racial equity lens to policies which centers the knowledge, expertise, and experience of marginalized communities and explicitly seeks to eliminate inequities is crucial.¹⁸ To this end, Children’s HealthWatch previously provided detailed comments to the USDA in response to the Department’s plan to advance racial justice and equity, which included specific recommendations for engaging equitable policy making practices based on the work of anti-hunger advocates and racial equity experts.^{18,19}

3. The Conference should prioritize robust, evidence-based policy solutions that remove barriers, expand eligibility, and increase benefits for federal nutrition assistance programs, boost family income, and ensure families are able to afford all basic needs without reducing the quality or quantity of food.

The Conference recommendations have the opportunity to set administrative and Congressional priorities on ending food insecurity. Federal nutrition assistance programs serving families with young children, including the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Program for Women, Infants, and Children (WIC), and the Child and Adult Care Food Program (CACFP), alongside key programs such as the National School Lunch Program (NSLP), School Breakfast Program (SBP), and Summer Food Service Program (SFSP) are effective in reducing food insecurity and promoting health among young children and their families.^{20,21,22,23,24,25} However, in real life conditions, these benefits which mitigate food insecurity are not set at high enough levels to fully prevent it and barriers to accessing programs often limit their impact. Additionally, other policies including the fully refundable, advance Child Tax Credit (CTC), the Earned Income Tax Credit (EITC), and affordable housing, child care, home energy, and health coverage have all been shown to reduce food insecurity and improve health.^{12,13,14,15,26}

To improve food access and affordability (pillar 1), Children’s HealthWatch recommends the following policy solutions:

Expanding federal resources to ensure *universal* access to financial resources necessary for affording food should be the central focus of this pillar. To this end, we offer bold and tangible recommendations that include improvements to federal nutrition programs and other assistance programs and policies.

Improvements to federal nutrition assistance programs:

- Improve SNAP by expanding eligibility limits, removing asset limits, and improving benefit calculations to accurately reflect the real cost of basic needs.
 - Remove limits on savings (i.e. asset tests) and account for temporary income increases (e.g. holiday overtime or seasonal work) and income fluctuations by calculating income over a longer period of time for all nutrition assistance programs to ensure families do not lose benefits as their income increases.²²
 - Eliminate time limits for unemployed and underemployed adults in SNAP.
 - Eliminate all immigration restrictions to accessing federal nutrition assistance programs, including the five-year waiting period for lawfully present immigrants in SNAP.

- Expand eligibility through Broad-Based Categorical Eligibility in SNAP and higher gross income limits.
- Eliminate eligibility bans for formerly incarcerated individuals and those with certain criminal records in all federal assistance programs.
- Adopt *at least* the Low-Cost Food Plan as the basis for calculating SNAP benefits and regularly update this cost-basis to reflect changes in the cost of food.
- Expand the medical deduction in SNAP to include all persons with health care expenses.
- Improve the SNAP benefit calculation to accurately reflect the real cost of housing.
- Increase funding and opportunities such as GusNIP for states to implement programs that supplement nutrition assistance program benefits and enable families to access to affordable, healthy, and local produce.
- Expand access to WIC for all pregnant and post-partum people and young children:
 - Make WIC universally available to all pregnant and post-partum people and infants, toddlers, and preschoolers.
 - Extend WIC to age 6 (from the current age 5) to cover children falling into the gap of neither being age-eligible for school and therefore school meals nor eligible for WIC.
 - Increase WIC certification timeframe for both breastfeeding and non-breastfeeding people to two years postpartum.
 - Continue to support and promote breastfeeding initiatives through WIC.
 - Recognizing that nearly 50 percent of infant formula in the US is purchased using WIC benefits, efforts to ensure a safe, reliable supply of formula is critical.²⁷
- Sustain and expand CACFP:
 - Provide an additional meal or snack for children in full-day childcare.
 - Ensure healthful meals are consistent with current science and reimbursement rates are adequate to meet this goal.
 - Evaluate the per meal cost necessary to meet USDA dietary guidelines and the degree of current shortfall for CACFP providers.
 - Streamline administrative barriers including reducing the area eligibility requirement from 50% to 40% of children in the area qualifying for free or reduced-price school meals, encouraging bulk purchasing, and reducing administrative burden.
- Prioritize universality:
 - Make school and summer feeding programs universally free and available to all children in the US.
 - Extend the Pandemic Electronic Benefits Transfer (P-EBT) program to create a universal EBT benefit when school is out of session.
- Reduce cliff effects across assistance programs:
 - Across all federal nutrition assistance programs, extend certification periods and create a more gradual decline in benefits that avoid an abrupt reduction or loss of benefits and provide a smooth off-ramp for families in the workforce.

Improvements to other programs and policies:

- Pass a permanent and inclusive expanded advance CTC that ensures all children — regardless of immigration status and without requirements for parental earned income.

- Permanently increase the EITC for workers not raising children, including making the credit available for young adults, and expand the definition of “work” to include caregivers raising young children.
- Increase access to stable, affordable homes for all families through:
 - Universal access to rental assistance for all eligible households
 - Expansion and preservation of affordable housing stock that is equitably distributed across communities
 - Creation of a national housing stabilization fund to provide emergency assistance to families in crisis
- Provide high-quality, affordable child care for all children starting at birth and universal pre-K for 3 and 4 year-olds.
- Fund the Low-Income Home Energy Assistance Program (LIHEAP) to ensure all eligible families in need of assistance are able to access resources.
- Expand and robustly fund health insurance coverage and eliminate eligibility restrictions based on immigration status to ensure all adults and children in the US have access to affordable care.
- Streamline access to all federal assistance programs through creation of a common application across programs to reduce burdens on families and increase access to key financial resources.²⁸

To integrate nutrition and health (pillar 2), Children’s HealthWatch recommends the following solutions:

Based on Children’s HealthWatch’s deep expertise in development and deployment of the Hunger Vital Sign™, a two-item, validated screener for identifying households and individuals at-risk of food insecurity in clinical and community settings, we strongly recommend robust efforts to invest in and reimburse for screening for food insecurity and implementing evidence-based interventions in health care settings to eliminate food insecurity. Relatedly, we recommend the following solutions that complement and improve screening and intervention efforts in health care settings.

- As stated above, increase the benefit calculations and access to food (SNAP, WIC, summer meals) and other programs (LIHEAP, rental assistance) that are associated with improved health outcomes for patients and their families.
- Create funding and technical assistance for states to establish multi-benefit applications (common applications) for public assistance programs.
- Support integration of SNAP, WIC, and other program application assistance (EITC, CTC) in health care clinic visits and special care visits.
- Increase funding support (Medicaid and Medicare reimbursement) to implement medically tailored and medically prescribed meal programs in health care settings.
- Promote increased nutrition and health related social need education in medical schools, nursing schools, and allied health profession training programs.
- Increase recruitment resources and funding support for Community Health Workers and patient navigators who play a critical role in many health care-based food and nutrition interventions.
- Establish a Social Service Organization Prep Fund to provide the infrastructure needed to support communication and partnership between Community-Based Organizations (CBOs) and healthcare institutions, as the cost of these activities can be a barrier to entry for CBOs.

- Promote and support health care institutions sharing research and best practices for food insecurity screening and individual and population health interventions.
- Improve opportunities for breastfeeding promotion efforts through supporting Baby Friendly Hospital initiatives and other efforts to increase breastfeeding rates.

To empower all consumers to make and have access to healthy choices (pillar 3), Children’s HealthWatch recognizes the importance of addressing systemic barriers to healthy eating.

Research shows SNAP benefits – the largest anti-hunger program in the US - consistently fall short of the real cost of a healthy diet. Given this reality, nutrition education effort in SNAP are often unable to recognize their full potential given economic constraints experienced by families with low incomes.²⁹ Further, national data show marketing efforts by the food and beverage industry increase consumption of unhealthy foods among children.³⁰ Increasing economic resources to families while restricting marketing schemes targeting children are both important for ensuring families are able to afford healthy food choices, while also ensuring they maintain the dignity of choice in their food purchases.

To enhance nutrition and food security research (pillar 5), Children’s HealthWatch recommends the following solutions:

Data equity and ongoing evaluation of efficacy and performance across policies is critical for advancing and improving solutions to eliminate food insecurity and promote health equity. Federal agencies tracking progress on Conference goals and those conducting relevant, related research should prioritize equity-based approaches to research and data collection. This means agencies and researchers must prioritize the inclusion and incorporation of people with lived expertise and those from marginalized communities to ensure methodologies and findings reflect priorities of communities. It also requires critical examination of assumptions, research questions, and methodologies as well as the composition of research teams in order to actively deconstruct harmful practices within conventionally-designed research projects. Further, disaggregating data and intentionally analyzing data — with attention to factors including race/ethnicity, age, (dis)ability, gender identity, sexual orientation, and immigration status — to better understand the disproportionate impact policies and practices have on particular people and communities.

In addition to these efforts, the Conference should ground research activities based on robust evidence and well-defined measures, including the Household Food Security Survey Module, which includes a nutrition domain.¹⁰ This measure has been the gold standard for understanding the impact of food insecurity on health and research using this measure continues to provide ample opportunities to identify systemic solutions that factor in the complex drivers of food insecurity. Ensuring that research continues to focus on and seek to address systems – rather than placing blame on individual choices – is crucial for identifying robust solutions toward ending hunger without stigmatizing and further jeopardizing the health of children and adults experiencing food insecurity. Fundamental systemic changes should also ensure livable wages, eliminate inequities in education attainment, earnings, and incomes by race, ethnic origin, nativity, and gender, regulate food advertisement to children and adults, and reduce the excessive influence of corporate food and agriculture industries on the US food systems. Facing these challenges is necessary to improve population health.

Thank you for your consideration of these recommendations. Please do not hesitate to reach out to Children’s HealthWatch Director of Policy Strategy, Allison Bovell-Ammon ([Allison.bovell-](mailto:Allison.bovell@chw.org)

ammon@bmc.org) if you have any questions or would like to request further information. We appreciate your commitment to reducing food insecurity and improving health in the United States and look forward to working with Conference leaders to develop robust recommendations for ending food insecurity and improving health.

Sincerely,



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