

White House Conference on Hunger, Nutrition and Health

State, Local and Tribal Government–Potential Commitments for Consideration

The White House is holding a conference to catalyze the public and private sectors around a coordinated strategy to accelerate progress and drive transformative change to end hunger, improve nutrition and physical activity and close the disparities surrounding them. The goal is to end hunger and increase healthy eating and physical activity by 2030.

Achieving this goal will require collective action. The nonprofit **CDC Foundation** is working to identify cross-sector partners interested in making [transformative commitments](#) to align their efforts with one or more of the five pillars outlined by the White House. Ongoing initiatives as well as new commitments by stakeholders may be highlighted at the White House Conference on Hunger, Nutrition and Health in September 2022.

Below are examples of commitments for you to consider—or you may have other commitments that you want to make. If you or your organization is interested in making a commitment, please fill out [this form](#).

Pillar 1: Improve Food Access and Affordability

- Fund state and local [State Physical Activity and Nutrition \(SPAN\) Program](#) grants to implement nutrition and physical activity strategies.
- Support year-round mobile produce markets in communities with limited food access.
- Reduce barriers for urban agriculture and mobile vendors (i.e. food trucks) by reviewing zoning rules and permitting requirements.
- Support food assistance eligibility workers to assist SNAP-eligible students on site at colleges and universities, including Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs) and Minority Serving Institutions (MSIs).
- Establish and/or leverage food policy councils and similar coalitions to convene food system partners (e.g., public health, emergency food distribution and policy makers) and adopt a statewide or local food policy charter that:
 - Outlines a coordinated plan of action to increase healthier food procurement across all state or local government entities that purchase food;
 - Puts in place government preferences for state, local, or Tribal producers to bolster regional food systems;
 - Addresses barriers that have historically blocked small businesses, women or minority owned businesses and veteran owned businesses from successfully competing for government food service and procurement contracts; or
 - Builds reimbursement for evidence-based community nutrition, food-as-medicine, or medically tailored meal programs into state Medicaid plans and managed care contracts.
- Enact food waste reduction and recovery policies, such as providing tax incentives to food donors or supporting food waste audits in schools and other institutions.
- Support community kitchens and shared processing facilities.
- Incentivize supermarkets and corner stores in underserved communities through tax exemptions or other mechanisms.
- Encourage schools (K-12, community colleges, trade schools, universities) to survey students and families for food insecurity and connect them to food assistance programs and other services (e.g., Medicaid)
- Promote school nutrition programs that serve students during summers and holidays to reduce food insecurity.

- Support schools in cooking more school meals from scratch through training or equipment investments.

Pillar 2: Integrate Nutrition and Health

- Encourage reimbursement for nutrition counseling, food insecurity screenings, and referrals as well as food-as-medicine and/or medically tailored meal programs in state Medicaid plans and managed care contracts.
- Encourage hospitals and other health care providers to commit to screening patients for food insecurity, connecting patients to nutrition assistance services, and ensuring services are available.
- Collaborate with non-profit or community-based organizations to establish a produce prescription program for state Medicaid or Children’s Health Insurance Program (CHIP) beneficiaries or veterans.
- Implement worker wellness programs for state, local, or tribal government employees.
- Foster a community-wide culture of health by establishing a month of healthy eating, creating a challenge that the entire state, city, town, county, or tribe can participate in, or partnering with farmers markets to reach areas that don’t have access to healthy food by using a pop-up farmers market model.
- Partner with local hospitals, community health centers, and other health care providers (e.g., primary care and dentists’ offices) to promote awareness of diet-related diseases, social determinants of health, and the role that nutrition and lifestyle can play in reducing health risks.
- Partner with health professional schools (e.g., medical, nursing, physician assistant, social work, and dental schools) to offer or establish health clinics for underserved communities or work with local schools to educate younger students about nutrition, physical activity, and health.

Pillar 3: Empower All Consumers to Make and Have Access to Healthy Choices

- Provide nutrition incentives to SNAP recipients to purchase healthy food, such as increasing the purchasing power of SNAP recipients at farmers markets.
- Create tax incentives for urban agriculture and community gardens.
- Apply a geographic preference for local food for federally-funded school food purchases.
- Encourage or require local food procurement by local and state agencies (possibly via [SPAN grants](#)).
- Support farm to school programs and urban or community gardens-school partnerships.
- Establish limitations on food marketing on reservations, near schools, or in low-income communities (e.g., only foods that meet certain nutrition standards can be marketed).
- Adopt [Food Service Guidelines](#) policies, requiring healthier food service in government worksites, parks and recreation areas, juvenile detention centers, etc., including vending machines.
- Create policy recommendations for state organizations of employers to propose for their respective network (e.g., a state hospital association can make a recommendation that all hospitals adopt a Food Service Guidelines policy or create a Food Service Guidelines recognition program).
- Adopt early care and education licensing regulations that require minimum nutrition and physical activity standards that all licensed childcare providers follow, regardless of program participation.
- Use zoning rules to limit the number of unhealthy food options in underserved communities or to create healthy zones near schools and other areas frequented by children to limit access to unhealthy food options.

- Identify community locations for training kitchens which can be used as part of medical and other health professional schools' curriculum.

Pillar 4: Support Physical Activity for All

- Establish more rigorous physical education requirements in schools to meet or exceed physical activity recommendations for children and adolescents ages six to 17 to have one hour or more of moderate-to-vigorous daily physical activity (See [recommendations](#)).
- Facilitate local health departments having urban planners or community designers and public health nutrition experts on staff at state and local health departments.
- Adopt jurisdiction-wide plans and proclamations to promote [Active People, Healthy Nation](#)—a CDC-led national initiative to assist Americans in becoming more physically active by 2027.
- Adopt and implement policies supporting safe, accessible and convenient opportunities for physical activity for all ages and abilities, such as Complete Streets, updated zoning prioritizing active spaces, Safe Routes to Schools, park access and programming, comprehensive land use plans that reflect community vision, and comprehensive school-based physical activity.
- Provide safe and convenient community facilities that support walking and other forms of physical activity for all ages and abilities, such as walking trails, parks and recreational activities.
- Increase accessibility for community members with disabilities to exercise at local parks or workout facilities.
- Collect data on which policies support safe and convenient opportunities for physical activity for all, regardless of age, sex, race/ethnicity or disability status.
- Advance research and evaluation regarding physical activity participation across the lifespan identifying gaps and driving implementation science on what works (accessing physical activity in racial/ethnic minorities, effective implementation of strategies for increasing physical activity like routes to destinations, disaggregated racial/ethnic geographic data on policy, environmental supports and physical activity participation).
- Offer free passes for children or families to state parks.
- Provide youth access to low-cost or free recreational and sporting opportunities.
- Partner with local schools and universities to make open spaces, sports facilities, and fields open to the public, particularly in communities that lack access to open and recreational areas.

Pillar 5: Enhance Nutrition and Food Security Research

- Support nutrition and food security research at universities and colleges, including Historically Black Colleges and Universities (HBCUs), Tribal Colleges and Universities (TCUs) and Minority Serving Institutions (MSIs) to assist SNAP-eligible students.
- Invest in programs cultivating interest in and building the pipeline of researchers, particularly from communities of color.
- Enter into data sharing agreements with governments, universities, think tanks, etc. to provide administrative data about program utilization (example: school lunches, participation in after-school sports, utilization of food banks).
- Through Area Health Education Centers, develop recommendations on community-based research (example: effectiveness of mobile food vans to increase fruit and vegetable consumption).