



New Federal Efforts to Address Food and Nutrition Insecurity

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Food insecurity, which the US Department of Agriculture (USDA) [defines](#) as the “economic and social condition of limited or uncertain access to adequate food,” affects approximately [1 in 10 US residents](#) and has been exacerbated by the COVID-19 pandemic and rising food prices. About 34 million people lived in food-insecure households in 2021, one-third of whom have family members missing meals or eating less because they could not afford sufficient food.¹ Households with single parents; families with lower incomes; older adults living alone; people living in cities and in the southern US; and Black, Hispanic, and American Indian and Alaska Native households all experience [higher rates](#) of food insecurity than other populations.

Diet-related [conditions](#) such as cardiovascular disease and diabetes are linked to food insecurity. In addition, other social factors, including poverty, lack of community access to healthy foods, and barriers to health care, can be root causes of poor nutrition or contribute to it.

In September 2022, the Biden administration hosted the White House Conference on Hunger, Nutrition, and Health, releasing a [national strategy](#) for action by federal agencies and many other entities, with the goal of ending hunger and reducing diet-related diseases and disparities by 2030.² Given the interplay between nutrition, other social drivers, and health, the US Department of Health and Human Services (HHS) and the USDA are both addressing food and nutrition security.

The USDA has prioritized [nutrition security](#), with a goal of providing consistent and equitable access to healthy, safe, and affordable food essential to optimal health and well-being. The USDA administers more than 15 nutrition assistance [programs](#) serving roughly one-quarter of US residents each year. For example, the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) seek to reduce food insecurity among children and families, among other goals, and [research](#) shows participation in these programs is associated with numerous health and economic benefits. The American Rescue Plan [increased flexibilities and benefits](#) in these programs.

But nutrition assistance must reach those in need to be effective. A recent HHS [study](#) revealed that more than 3 million children in safety-net programs such as childcare subsidies and Medicaid are eligible for but not enrolled in WIC or SNAP.³ Both the HHS and the USDA are collaborating to leverage programs addressing poverty and early childhood development to support outreach and increase enrollment across programs. The Biden administration's recent [policy change](#) to allow children receiving SNAP to be automatically eligible for Head Start is one such pathway.

Various HHS programs also facilitate access to healthy foods for priority populations, such as young children in [Head Start](#), as well as older adults through [the Senior Nutrition Program](#), which provides meals in homes and settings such as senior centers and aims to reduce food insecurity, enhance socialization, and promote health and well-being among adults aged 60 years or older.⁴ The Indian Health Service plans to launch a National Produce Prescription Pilot Program in early 2023 to combat [high rates](#) of food insecurity and diet-related chronic diseases experienced by members of the American Indian and Alaska Native communities. To support better community-level access to affordable healthy foods, the new national strategy proposes an expansion to the US Centers for Disease Control and Prevention's [State Physical Activity and Nutrition](#) program.

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More broadly, nutrition is a key domain in the HHS plan to address [social determinants of health](#), which outlines a strategy of [better data](#), integration of health and social services, and coordination across all of government to address unmet social needs.⁵

With the increasing [recognition](#) that nutrition cannot be separated from clinical care, particularly for patients with chronic conditions affected by food insecurity and poor nutrition, the Centers for Medicare & Medicaid Services recently [approved](#) several state [Section 1115 demonstration projects](#) designed to improve access to nutritious food for some Medicaid beneficiaries. For instance, Oregon and Massachusetts will test coverage of evidenced-based nutrition educational programs, fruit and vegetable prescriptions, and, when clinically indicated, home-delivered meals. California's demonstration, [CalAIM](#), permits Medicaid managed care plans to cover interventions to address food insecurity and other social needs. Given [evidence](#) that poor nutrition increases health care costs and worsens health outcomes, these approaches offer the potential for cost-effective improvements in health, although rigorous evaluations are essential to assess their performance.

Beyond Medicaid, the national strategy calls for legislation to test the notion of "food is medicine" in Medicare, and also encourages private health insurers to cover [medically tailored meals](#) and prescriptions for fresh produce for patients in need. These meals are nutritionally tailored, fully prepared, and usually home-delivered meals for individuals with diet-sensitive conditions such as diabetes, heart failure, or end-stage kidney disease. A whole of society response is needed to bring about these changes, including Congressional and industry support.

Efforts to address food and nutrition insecurity need to be coupled with rigorous analysis of what works and what does not, and for whom. For instance, the US Preventive Services Task Force is conducting an [evidence review](#) and developing recommendations regarding screening efforts to identify food insecurity and the effects of clinical nutrition interventions on health outcomes. The [National Institutes of Health](#) and the [USDA](#) both have substantial [research agendas](#) in these areas.⁶ Complementary research could include identifying effective cross-government approaches to increase equitable access to nutrition services.

The COVID-19 pandemic and related economic downturn highlighted the threat of food insecurity faced by millions of US residents and the public health burden of diseases related to poor nutrition. Policies that address poverty and eliminate other underlying root causes of food insecurity, increase enrollment in nutrition assistance programs, and support better nutrition through health care are important steps. The Biden administration's national strategy offers a promising road map, and hard work and research are necessary to implement it effectively to improve access to nutritious food, reduce diet-related disease, and end hunger in the US.

ARTICLE INFORMATION

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