

July 14, 2022

President Joe Biden  
The White House  
1600 Pennsylvania Ave, N.W.  
Washington, DC 20500

Ambassador Susan Rice  
Assistant to the President for Domestic Policy  
1600 Pennsylvania Ave, N.W.  
Washington, DC 20500

Dear President Biden and Ambassador Rice:

The Rudd Center for Food Policy & Health (Rudd Center) at the University of Connecticut is a multi-disciplinary research and policy organization that promotes solutions to food insecurity, poor diet quality, and weight bias and stigma. We believe that everyone, regardless of who they are, where they live, and what they look like, deserves the opportunity to eat healthfully, which is not the reality today. Since its inception in 2005, the Center has led U.S. research efforts focused on improving the food environment, while holding industry and government agencies responsible for safeguarding public health. The Rudd Center's research informs a range of policies and practices to improve food marketing to children; strengthen food assistance programs; and reduce weight bias in our society.

We submit these comments to inform the upcoming White House Conference on Hunger, Nutrition, and Health. Comments and recommendations are organized around the Conference's Five Pillars:

### 1. **Improve food access and affordability**

- Extend the most promising of the temporary Covid-19 federal food assistance program expansions and flexibilities. Key recommendations<sup>1</sup> are to:
  - Provide universal school meals;<sup>1,2,3</sup>
  - Keep flexibilities in the regulations for summer meal programs to allow grab-and-go meals; guardian pick up without the child present, and distribution of multiple meals at once;<sup>4,5</sup>
  - Extend Supplemental Nutrition Assistance Program (SNAP) benefits to college students by waiving the work requirements;<sup>6</sup>
  - Extend options for increased SNAP benefit amounts such as Emergency Allotments; and
  - Maintain options for administrative flexibilities such as extended certification periods in SNAP benefits to keep households enrolled.
  
- Explore synergies between food access and broader safety net supports that address the social determinants of health, such as the Covid-19 modifications to the Child Tax Credit and living wage policies,<sup>7</sup> especially for food insecure households with children.
  
- Increase Child and Adult Care Food Program (CACFP) participation through targeted outreach, reducing paperwork and administrative burden, clarifying eligibility requirements, and increasing

<sup>1</sup>See Appendix 1 for a full list of recommendations.



reimbursements.<sup>8</sup> Require rigorous evaluation of the policy impacts of these changes on participation, program cost, and integrity.

- Conduct a Community Eligibility Provision (CEP) pilot for CACFP child care centers to assess the feasibility of using CEP flexibilities in the CACFP context.<sup>1,3</sup>
- Prioritize research that seeks to identify how discrimination and structural racism<sup>9</sup> are linked to long-standing disparities in food insecurity rates between people of color and whites.<sup>10</sup>

## 2. Integrate nutrition and health

There is clear evidence that people who are at risk of food insecurity are also at higher risk for diet related chronic diseases, including type II diabetes, heart disease and high blood pressure.<sup>11,12,13</sup> In addition to the human suffering associated with these chronic diseases, they also strain our healthcare system. That is why it is critical to ensure that all the food assistance programs maximize people's ability to access and select nutritious options.

We must also listen to the voices of the people who are affected by food insecurity. With our food bank partners at Connecticut Foodshare, Rudd Center researchers have asked individuals at Connecticut food pantries what types of foods they want. Their answers are clear: they want fruits and vegetables, healthy grains, fresh dairy and meat products. They do not want more processed and packaged foods.<sup>14</sup> This has been found in studies across the U.S.<sup>15,16</sup>

Recommendations:

- Create and adopt a set of national nutrition standards for the USDA Food Distribution Programs that provide food for the charitable food system in order to improve access to nutritionally-dense foods. The charitable food system is a network of food banks (i.e., regional organizations that source, warehouse, and distribute federal and donated food) and community agencies such as food pantries (i.e., smaller, local organizations that order from food banks).<sup>17,18</sup>
- Apply this set of national nutrition ranking standards to the USDA's Food Data Central database so that food banks, food pantries, and individuals can easily identify healthier choices.
- Support technology solutions (apps, inventory tracking systems) to help all levels of the charitable food system implement and use the national nutrition ranking system.
- Expand fiscal subsidies for fruit and vegetable purchases<sup>19</sup> and Produce Prescriptions/Food as Medicine programs through the Gus Schumacher Nutrition Incentive Program.

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### 3. Empower all consumers to make and have access to healthy choices:

The marketing of ultra-processed foods—those high in refined carbohydrates, saturated fat, sodium, and added sugar—by food and beverage companies is a major driver of poor diet<sup>20</sup> and chronic disease in the United States. Food marketing increases calories consumed, preferences for unhealthy product categories, and perceptions of product healthfulness.<sup>21</sup> Companies target teens and Black and Latinx youth with marketing for their least healthy products.<sup>22</sup>

Recommendations:

- Limit unhealthy food marketing and availability for children and teens in neighborhoods, such as zoning restrictions for fast-food restaurants located near youth-oriented settings and signage in store windows.<sup>23</sup>
- Eliminate unhealthy food and beverage marketing to children as a tax-deductible corporate expense.<sup>24</sup>
- Impose excise taxes on sugar-sweetened beverages (SSBs) and invest revenues in communities most impacted by the marketing of sugary drinks.<sup>25</sup> A substantial body of evidence shows that taxes may work as intended in reducing demand for SSBs through higher prices.<sup>26</sup>
- Promote healthy beverage options and add a symbol for drinking water to the MyPlate graphic and increase water promotion messaging in all consumer-facing materials issued by its Center for Nutrition Policy Promotion.<sup>27</sup>
- Urge the Federal Trade Commission to use its 6(b) authority to complete a follow-up study on marketing expenditures by food and beverage companies to children and adolescents and include: 1. food and beverage marketing to children and adolescents of color; 2. digital food and beverage marketing and associated targeted data practices; and 3. food and beverage marketing on educational technology platforms, including companies' efforts to collect and use children's data while they are in school or participating in virtual learning.<sup>28</sup>

Birth to two years is a critical period for developing healthy food preferences and eating habits. However, companies often market products that are not recommended by health experts and promote them using claims and other marketing messages that do not correspond with expert advice about feeding young children.<sup>29,30</sup> Two categories of sugar-sweetened drinks present special concerns for young children: sweetened fruit-flavored drinks (e.g., Hawaiian Punch, Hi-C, Sunny Delight) and toddler

milks (i.e., milk-based drink products that are typically produced by infant formula companies and marketed for children 12–36 months as the next step after infant formula).<sup>31</sup> Our research has documented how marketing practices for sugar-sweetened drinks can mislead parents about proper nutrition for young children.<sup>32,33</sup> Specifically, claims about how products improve children’s health and development are frequently found on product labels<sup>34,35</sup> and parents describe these claims as confusing, deceptive, and misleading.<sup>29</sup> Key recommendations are for:

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- The US Food and Drug Administration (FDA) to require the consistent reporting of added sugar and non-nutritive sweeteners on the front-of-package label for both sweetened drinks and unsweetened juices, and for the US Congress to allow the FDA to require a percent juice declaration on front-of packages.<sup>36,37</sup>
- The FDA to establish a statement of identity for toddler milks and require that front-of-packages state the appropriate age for consumption and that the product is not a substitute for infant formula.<sup>38</sup>

## 5. Enhance nutrition and food security research:

The far-reaching federal policy response implemented during COVID-19 likely mitigated an increase in food insecurity in the aggregate U.S. population. However, alarming disparities in food insecurity emerged early in the pandemic and have persisted, with higher rates seen among Black and Hispanic households compared with white and Asian households. Research must swiftly evaluate COVID-19 pandemic relief measures. Key gaps include:

- Assessing the longer-term impact of COVID-19 era policies on health outcomes, especially as supports are diminishing.
- Disentangling different policy effects due to the passage of multiple federal COVID-19 relief packages in a short period of time.
- Identifying the policy effects that could be contributing to or exacerbating persistent racial/ethnic inequities in food insecurity.

It is particularly urgent that this research informs upcoming legislation including Child Nutrition Reauthorization and the next Farm Bill. Evaluation of these policies will identify which ones should be sustained, refined, or expanded, as well as which have the greatest potential to reduce disparities.

We appreciate the ambitious goals of this administration. The upcoming White House Conference on Hunger, Nutrition, and Health provides an opportunity to address the significant, but certainly not unsurmountable, challenges to attaining health equity. The disproportionate impact of the Covid-19 pandemic on Black and Brown communities coupled with long-standing structural racism and institutional barriers to health care, access to healthy food, housing, transportation, and inclusive participation in the policy development process bring us to a place where we must be bold in our solutions.

Sincerely,

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Appendix 1: Recommendations for Post-COVID Actions and Potential Additional Actions for Consideration in Upcoming Legislation (e.g., Child Nutrition Reauthorization, Farm Bill) or as Regulatory Changes

**Supplemental Nutrition Assistance Program (SNAP)**  
**Special Supplemental**  
**Nutrition Program for Women, Infants and Children (WIC)**  
**Child Nutrition Programs Other USDA Programs**

*Extension of changes*

*Potential additional actions*

- Sustain Emergency Allotments through the pandemic
- Keep flexibilities for enrollment and recertification
- Eliminate time-limits for able-bodied adults without dependents
- Continue online SNAP pilot purchasing programs and evaluate them
- Consider additional increase in benefits during worsened periods of the pandemic

- Strengthen nutrition standards for SNAP program
- Sustain Fresh Fruit & Vegetable Voucher Program benefit increase
- Keep flexibilities for enrollment and requirements • Keep remote benefit issuance
- Keep allowance for substitutes when availability is limited



- Develop permanent online systems for WIC
- Expand WIC until the age of school meal eligibility
- Keep flexibilities in school meal distribution for out-of-school time, to ensure high-quality meals and service to some populations that may be missed with Pandemic Electronic Benefit Transfer (P EBT) cards during out of school time
- Keep expansions and flexibilities in universal summer, afterschool, child care meals.
- Issue P-EBT benefits during all out of school time
- Maintain nutrition standards for non-emergency programs with option to relax (via waivers) if future crisis necessitates

- Restore and build upon the Healthy Hunger-Free Kids Act of 2010 nutrition standards
- Sustain P-EBT support to children ages 0-5 to cover the gap between WIC and
- Sustain fruit and vegetable incentive program investments
- Sustain The Emergency Food Assistance Program (TEFAP) investments with a priority on distributing healthy and local produce

- Expand fruit and vegetable subsidies to all households participating in federal nutrition assistance programs

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the age of school meal eligibility

- Enhance CACFP: Eliminate the 25% eligibility minimum for for-profit child care centers; expand flexibilities to states in conducting renewals and redirecting funds to increase meal reimbursements; increase reimbursements to the level for schools; allow reimbursements of 2 snacks per day for children staying in care a full day; encourage interagency cooperation to increase awareness about CACFP among staff at state agencies, eligible providers, non-profits working with families with low incomes and families with young children.

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