Hunger, Nutrition & Health Listening Session: Kentuckians' Opportunity to Share their Experiences with the White House



THE WHITE HOUSE WASHINGTON

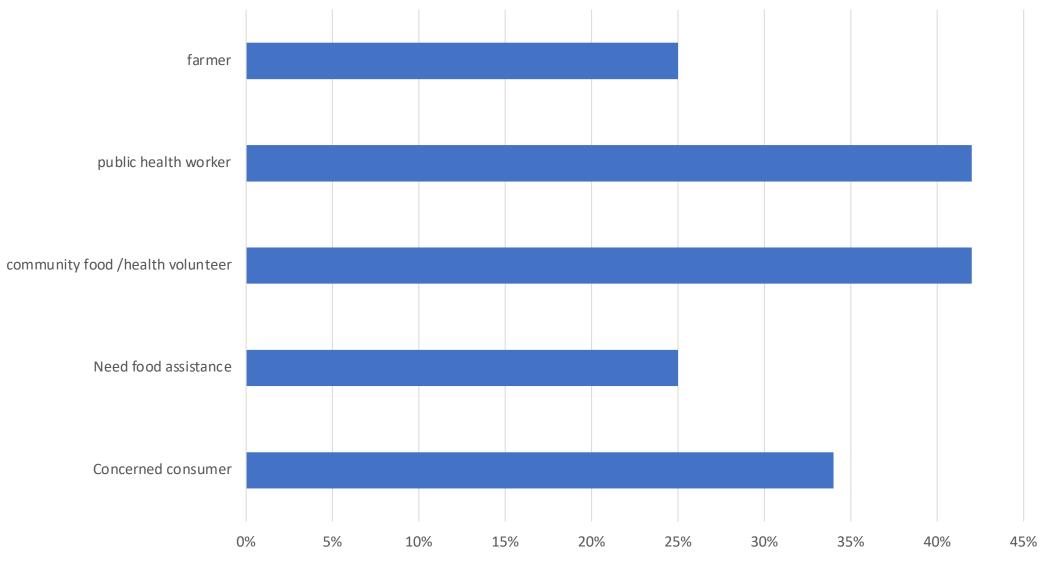
OFFICE OF PUBLIC ENGAGEMENT

White House Covifierence on Hunger, Nutgition, and Health Nutrition, and Health Stakeholder Update

July 25, 2022 Biweekly Stakeholder Call - Wednesday, May 18 at 3:30pm ET



1. What perspective are you bringing to this discussion



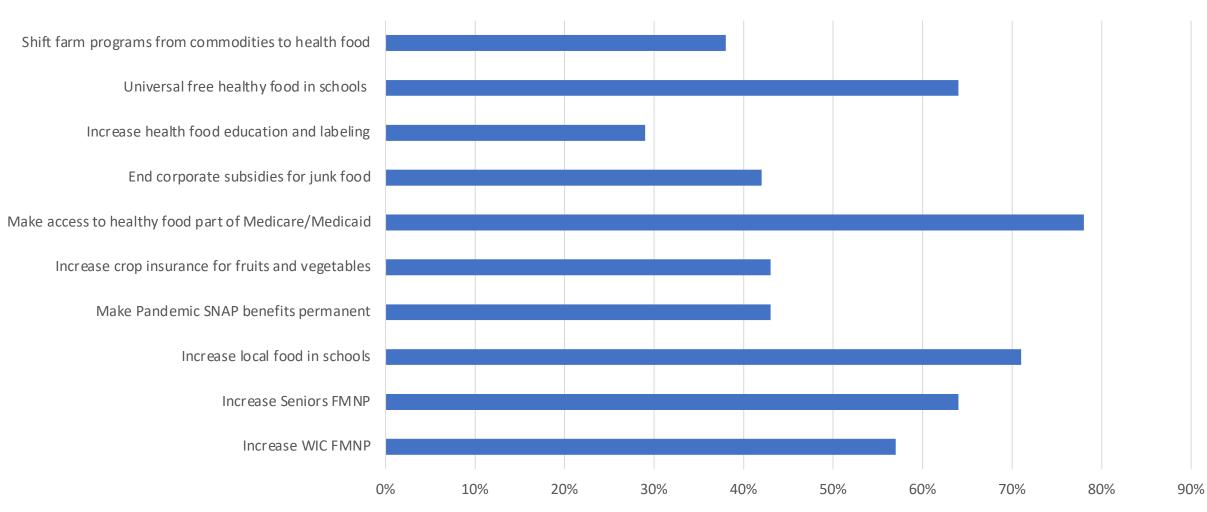
2. How have hunger or diet-related health conditions affected you, your family or your community?

- We have great difficulty getting meat. Currently offering bologna and hot dogs.
- There have been nights I went to bed hungry just to make sure my kids are fed. U cant afford the healthy food, the precooked, or freezer food is cheaper than the rest right now.
- Both sides of my family have different types of cancer and diabetes so these chronic illnesses have affected our diets.
- I volunteer in a community where the median household income is \$14,000/year.
 - Almost everyone depends on government food assistance.
 - 5 major barriers routinely cause food to run out: -
 - No nearby grocery store/no car/no money to repair a car. –
 - Difficult to budget SNAP benefits to last a month. –
 - Easy to lose SNAP, including the "Cliff Effect" if you get a new job or an increase in income. –
 - Food pantries have rules and limits. Social stigma reduces their usage. –
 - Harder to budget food on non-school days (about 180 days/year), especially during summer break, when only 14% of the eligible children are able to get to one of the free summer meal locations.

3. Please describe any innovative, successful food and health activities already happening in your community that can help inform actions at the federal level.

- Farmers Gardens and various food distribution programs prepared and food to be prepared
- local farmers market is a big benefit to our community
- Emergency Food Bank
- We do a FEEDING AMERICA program once a month 400 families
- We have several churches that have come together and work with feed America and the handout commodities, but we can not afford the meat, the can food is cheap, its the main food that is so expensive
- WIC FMNP-needs additional funding...not all 120 counties have WIC FMNP due to lack of funding
- Head start and school lunch/summer feeding programs, Kentucky Food Action Network
- Our small, rural, local farmers market accepts SNAP EBT, WIC and SR farmers market nutrition vouchers and participate in double dollars. Extension provides recipe sampling, and nutrition education programs through the Farmers Market outlet
- Food Chain is proving food for families with kids all summer long no question asked. Glean KY is also proving food the community by saving from extra food from stores.

What specific actions should the U.S. Federal Government, including the Executive Branch take to address the pillars provided? Series 1



What specific actions should Kentucky State Government take

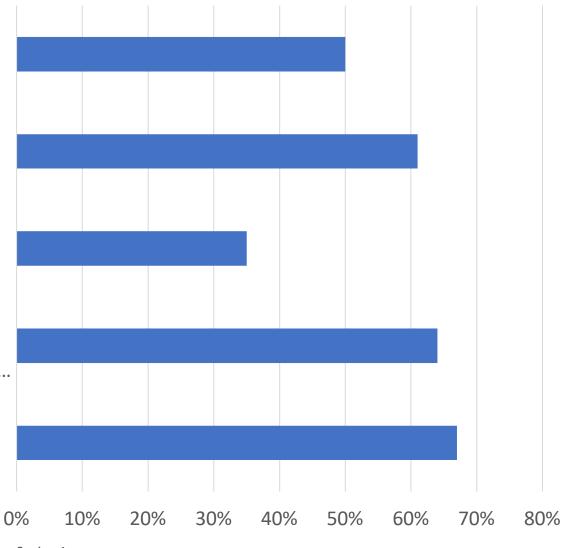
Create and fund the Healthy Farm and Food Fund

Create a Kentucky Farm and Food Policy Council to create collaboration between state agencies, higher education, and nonprofits.

Pass a sweetened beverage tax to fund healthy food access programs

Remove recently implemented paperwork barriers and stringent reporting requirements for SNAP while reinstating the ability for the state to implement waivers...

Increase funding and eliminate barriers for locally grown foods in schools



Poll #1 What perspective are you bringing to this discussion

Concerned consumer	26
Experienced food insecurity	10
Community health worker/ volunteer	5
Neutral/other	8
Total Responses	44

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It's been more than 50 years since the first and only White House Conference on Food, Nutrition, and Health was held in 1969. That pivotal event influenced the country's food policy agenda for the next 50 years.

White House Conference on Food, Nutrition, Hunger, and Health was included in FY2022 Omnibus Spending Package on March 15, 2022.

The Act directs the Department of Health and Human Services "to convene a White House Conference on Food, Nutrition, Hunger, and Health in 2022, for the purpose of **developing a roadmap to end hunger and improve nutrition by 2030**."

In September 2022, federal agencies and other diverse stakeholders will convene for a second White House Conference on Hunger, Nutrition, and Health to face a new set of food and nutrition challenges—persistent food insecurity, increasing prevalence of diet-related diseases, widening health disparities, and ballooning health care costs.

The Task Force to Inform the WHC on Food, Nutrition, Hunger, and Health







Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy

World

Central

Kitchen

Federal Food and Farm Policy

The first federal Food Stamp Program was launched in 1939 to address unmarketable food surpluses and widespread unemployment during the Great Depression.

Supplemental Food and Nutrition Program (SNAP) and the other 14 federal nutrition assistance programs have for the most part maintained this dual role under the federal Farm Bill, until the Child Nutrition Act of 1966.

The dominate approach to American food and agricultural policy for 80 years has been to produce an abundance of inexpensive, calorie intensive food capable of being stockpiled.

And yet we still have persistent hunger in America.

SOLVING HUNGER TODAY, ENDING HUNGER TOMORROW





In Kentucky, **575,300 people** are facing hunger and of them 162,100 are children.

1 in 6 children face hunger.

People facing hunger in Kentucky are estimated to report needing \$258,458,000 more per year to meet their food needs.

The Consequences have caught up with Americans' health and economy





Diet-related diseases hit hardest in communities with high food insecurity.



Black households experience food insecurity at more than triple the rate of white households.



Beyond health, this has negative impacts on other things.

-85% of health care spending is related to diet-related chronic disease

Costs





Healthcare Military Readiness

Productivity



Kentucky Nutritional Health Statistics

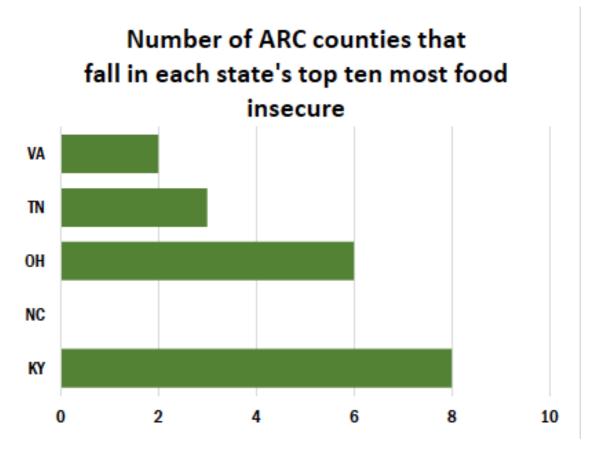
- 31% of adult Kentuckians are obese
- 66% of adult Kentuckians are overweight
- 24% of adult Kentuckians consume the recommend amount of fruits and vegetables.
- Kentucky children rank #1 in obesity

Appalachian Food Insecurity Rates

	Statewide Food Insecurity Rates
KY	18.9%
NC	17.6%
он	15.9%
TN	17.8%
VA	11.5%
WV	18.1%

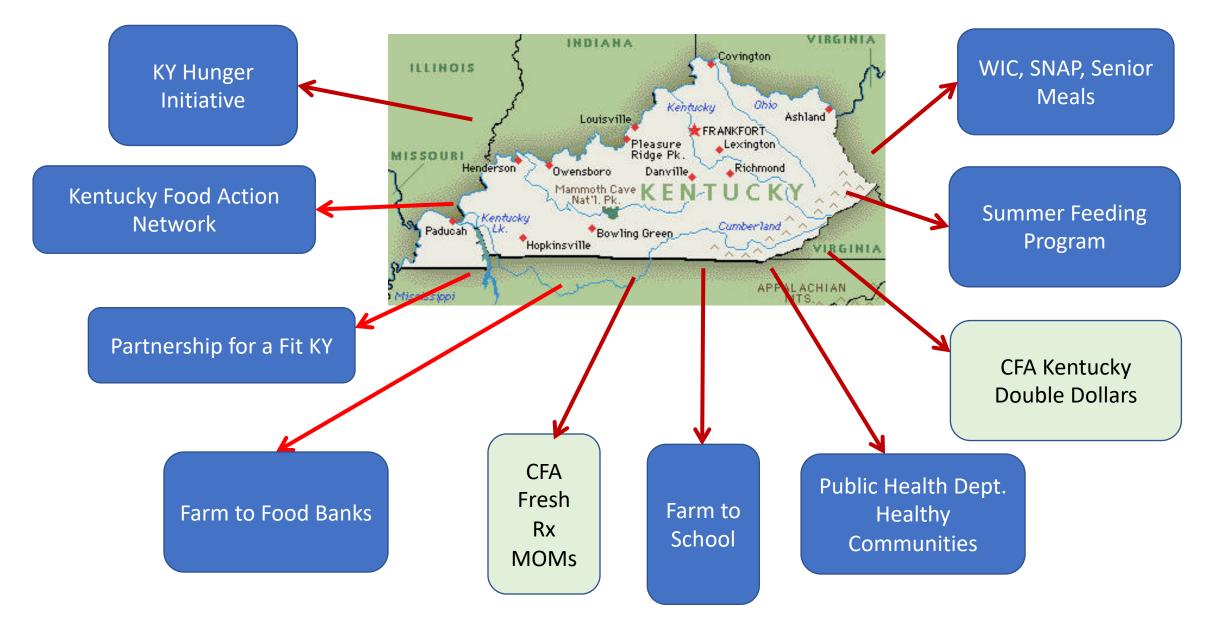
	National Food Insecurity Rate
U.S.	15.4%

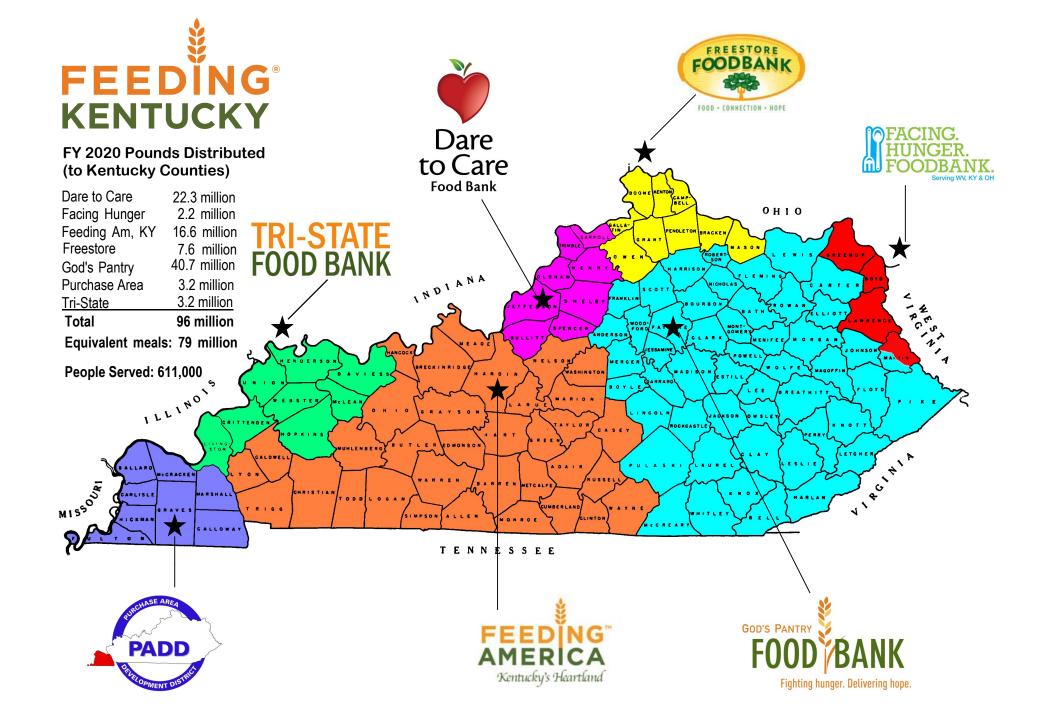
Though roughly 27 percent of the Kentucky population lives in Appalachia, eight of the top ten most food insecure KY counties are in the ARC region.



Sources (Appalachian Funders Network, Food Security, Access, & Equity, 2016)

State Healthy Food/Food Security Efforts





Improved public health <u>is economic development!</u> Every \$1 spent on:

- -wellness programs saves \$3.27 in medical costs and \$2.73 in absenteeism costs.
- –nutritional and physical activity programs saves \$1.17 in medical expenses." 2010 Harvard wellness program study

Improved food access is economic development!

- An increase of SNAP/Food Stamp benefits creates a "ripple effect through the economy.
- Moody's Analytics found that food stamps were the most effective, increasing economic activity by \$1.73 for every dollar spent

2021 KADF Return on Investment in Kentucky Double Dollars

	KADF	Other Funds	Mkt match	Total KDD	FNS Funds	KADF leveraged
SFMNP FV	\$67,650	\$4,857	\$22,713	\$95,220	\$95,220	\$122,790
WIC	\$9,962	\$333	\$3,237	\$13,532	\$13,532	\$17,102
SNAP MED	\$19,100	\$970	\$5,375	\$25,444	\$25,444	\$31,789
SNAP FV	SNAP FV		\$16,548	\$80,540	\$171,946	
SNAP FV Retail		\$155,398		\$91,406	ψ171,940	
Total	\$96,712	\$161,557	\$47,873	\$306,142	\$306,142	\$171,680
CEDIK economic multiplier						1.67
KDD Economic Impact						\$817,399

*The Economic Impact of the Kentucky Double Dollars Program, CEDIK 2019

KDAF ROI KDD = \$8.45 to \$1.00

March of 2018 identified **thirty different** healthy food access projects, programs, or models across the Appalachian region

• Incentive Programs – Double dollars, produce perks, and other subsidies or incentives

 Prescription Programs – Partnerships that use vouchers to incentivize patients to purchase healthy local food as an "upstream" public health intervention

• Summer Feeding / Schools Programs – Farm to school education and procurement initiatives, summer feeding locations, and other strategies that focus on healthy food access for K-12 students

 Low-Income CSA Shares – Sliding scale, discounted, and pop-up models that provide CSA shares to low-income consumers

• Food Bank / Food Hub Programs – Programs to purchase "seconds" or discounted local produce from food hubs, farmers, and others to make available in food bank and food pantry offerings

• Mobile Markets – Programs that bring healthy foods to communities or areas where food access is limited

• Home Gardens / Community Gardens – Garden training programs, garden sites, and food preparation/preservation education



Supplemental Nutrition Assistance Program (SNAP)

Monthly SNAP Participation in Kentucky

Total SNAP participation on a monthly basis from January 2005 - November 2021



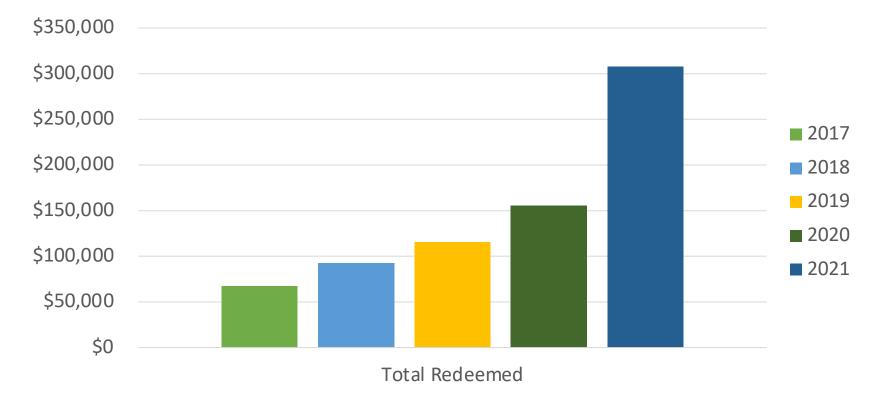
2006	2008	2010	2012	2014	2016	2018	2020	2022
2000	2000	2010	2- U J. 2-	2014	2010	2010	2020	2022

Source: SNAP participation data from the Kentucky Cabinet for Health and Family Services. Note: Does not include data from February 2019 when benefits were not distributed due to a federal governmen..

Application: https://benefind.ky.gov DCBS Hotline: 1-855-306-8959

Appalachian food for health

Total KY Double Dollars Incentives Redeemed, 2017-2021





Perry County Farmers Market





for fresh fruits & vegetables June – August Thursdays 4-7pm June – October Saturdays 7am – Noon Farmers Market Pavilion on the Triangle in downtown Hazard Increasing food access & farmer incomes:

- Carrot cash
- Diabetes Dollars
- Fresh Rx
- Pop-up Markets





New focus:

- Market Manager
- Structure
- Healthy Food Access
 - SNAP
 - FMNP
 - KY Double Dollars
 - Credit/debit



"I had no idea how good this program would be for my sales this year. It was really nice to see people get the food they really needed more of. I had lost customers who couldn't get out to the market this year because of the virus, but the Double Dollars program helped fill that gap – otherwise it could have been a very bad year financially."

Rita, Farmer Morgan Co. Farmers Market



"Food is Medicine"

Widespread and equitable access to evidence-based, culturally appropriate, and community-centered nutrition interventions in the context of health care.



Medically Tailored Meals

<u>اللا</u>



Food Assistance

Vouchers for Produce

Based on a Harvard Center for Health Law and Policy Innovation review of ALL the published, peer-reviewed literature, these three interventions are **replicable and scalable**, **but also effective**. They are associated with **reduced food insecurity**, **improved dietary intake**, and **improved participant mental health**.

Investment Road Map: Regional Food Systems Initiative Grassroots Recommendations

1. Expand healthy food access

- Expand local food markets with a focus on rural, low-wealth communities
- Create stronger ties with food pantries
- 2. Strengthen, Connect, & Expand Regional Processing, Aggregation, and Distribution (PAD) Infrastructure
 - Assess the current gaps in infrastructure
 - Create stronger partnerships with private industry

3. Increase Agricultural Production

- Scale current farming operations
- Increase the number of new and beginning farmers
- 4. Accelerate climate change adaptation practices
 - Expand regenerative agricultural practice
- 5. Advance equity within the food system
- 6. Capture data to understand food insecurity and market demand

All of the good work we are doing will just be a one-off effort if it doesn't lead to good public policy, if it doesn't create system change!





Poll #2 How strongly do you believe food and health are connected?

Very Strong	50
Strong	9
Neutral	0
Not that important	0
Minimal	0
Don't Know	0
Total Responses	59

Poll #3 Ranking role in addressing hunger, nutrition, and health

Federal government	29	49.15%
Federal and state government equally	11	18.64%
State government	10	16.95%
Local government	6	10.17%
Nonprofit organizations	2	3.39%
Individuals	1	1.69%
Don't Know	0	0.00%
Total Responses	59	

Poll #4 Was this discussion helpful?

Yes, I learned a lot	30
Not so much	9
I feel that my voice was heard	17
Limited opportunity to be heard	0
Minimal	1
Don't Know	0
Total Responses	39



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