The Biden administration unveiled a new report outlining a strategy to end hunger in the US by 2030 and to improve nutrition and the nation’s health through measures such as expanding programs that offer free school meals and the Supplemental Nutrition Assistance Program (SNAP), popularly known as food stamps. The report was released to coincide with the White House Conference on Hunger, Nutrition, and Health, the first such conference convened by the White House in more than 5 decades.

About 10% of US households (13.5 million households) were food insecure in 2021, meaning they had difficulty at some time during the year obtaining enough food because of a lack of resources, according to the US Department of Agriculture’s Economic Research Service. Nearly 4% experienced “very low food security”—that is, they were regularly skipping meals or reducing their consumption of food because they could not afford enough food and were more likely to experience hunger.

There is also evidence that food insecurity has increased more recently because of rising consumer prices and the expiration in 2022 of several programs from the states and the federal government that provided additional support to families during the COVID-19 public health emergency, including universal free school meals and enhanced nutrition benefits. A recent report from the Urban Institute found that nearly 22% of US adults reported household food insecurity in the summer of 2022, and that food insecurity rates among Black and Hispanic adults (29% and 32%, respectively) were measurably higher compared with their White counterparts (17%).

Some of the leading causes of death and disability in the US, such as heart disease, stroke, cancer, and diabetes, are related to diet-related risk factors, including obesity, hypertension, and high lipid levels. The 44-page White House report notes that new data show that 19 states and 2 territories have an obesity prevalence at or above 35%, more than twice as many as in 2018, and that food insecurity and diet-related diseases have a disproportionate effect on certain groups, including racial and ethnic minority communities, people living in rural areas, people living in territories, people with disabilities, older adults, LGBTQI+ people, and military families and veterans.

For example, in a new study in US adults from 1999 through 2018, researchers from the University of Michigan found that food insecurity increased among those with cardiovascular disease and diet-related risk factors (hypertension, diabetes, obesity, and high blood lipids) and was more frequent among those with cardiovascular disease. They also found that disparities in food insecurity persisted across racial and ethnic groups and among those with vs those without cardiovascular disease, concluding that “food insecurity is a potent risk factor for worse cardiovascular outcomes that warrants increased recognition and additional resources to combat its negative health consequences.”

The White House report outlined a strategy based on 5 “pillars” for reducing hunger in the US and improving nutrition: improving food access and affordability; prioritizing the role of nutrition and food security in health, including in the prevention and management of disease; helping consumers make healthy food choices (and have access to healthy foods); supporting physical activity; and enhancing nutrition and food security research.

Some key measures for making food more affordable and accessible include increasing the availability of free school meals and expanding SNAP eligibility to more underserved populations. The report also calls for expanding Summer Electronic Benefits Transfer benefits, a program that provides...
funds to families of children who are eligible to receive free or low-cost meals during the school year, to help keep them fed over the summer.

The report urges “food as medicine” interventions for people with diet-related diseases, including legislation “to create a pilot to test covering medically tailored meals for individuals in traditional Medicare who are experiencing diet-related health conditions.” It also proposes expanding Medicaid and Medicare beneficiaries’ access to nutrition and obesity counseling, as well as testing initiatives involving Medicaid coverage of nutrition education and other nutrition supports (using Medicaid section 1115 waivers, which allow states to experiment with new approaches for improving health).

A number of medical organizations have made commitments to integrate nutrition and health, according to a White House fact sheet. Among these, the American Academy of Pediatrics has pledged (working with Share Our Strength, an anti-hunger nonprofit organization) to offer training to its members on screening for nutrition insecurity and referring patients to federal and community nutrition resources. The Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education have committed to conducting a summit in 2023 convening 150 medical education leaders across medical schools, residency training, and continuing education programs to consider strategies for integrating nutrition and food insecurity content into medical education curricula, “with a focus on interprofessional care and health equity.”

Other proposed actions cited in the report aim to help consumers make healthy food choices and increase their access to healthy food. These include providing consumers with updated and more accessible food labeling, including a proposal for developing labeling that signifies healthy food choices for the front of food packaging, as well as expanding incentives for choosing fruits and vegetables in SNAP.

Coinciding with the White House conference, the US Food and Drug Administration proposed updated criteria to ensure that a “healthy” claim on food packaging aligns with current nutrition science, the updated Nutrition Facts label, and current Dietary Guidelines for Americans. Food products with a “healthy” label would be required to contain a certain meaningful amount of food from at least 1 of the food groups or subgroups (such as fruit, vegetable, or dairy) recommended by the Dietary Guidelines and adhere to specific limits for certain nutrients, such as added sugars, saturated fat, and sodium.

Other proposed actions include efforts to support physical activity. This includes expanding Centers for Disease Control and Prevention's State Physical Activity and Nutrition Program to all states and territories and investing in initiatives to connect people to parks and other outdoor spaces.

The report also calls for actions to enhance nutrition and food security research, such as boosting funding for studies to inform nutrition and food security policy and ensuring diversity and inclusion in research on nutrition, health, and food security.

The White House obtained more than $8 billion in private- and public-sector commitments to advance the goals outlined in the report. More than $4 billion will be dedicated toward philanthropic efforts that focus on improving access to nutritious food, promoting healthy choices, and increasing physical activity. At least $2.5 billion will be invested in start-up companies that are pioneering solutions to hunger and food insecurity.

Some of the proposed actions, such as expanding SNAP and coverage for medically tailored meals by Medicare, would require Congressional approval.

“The consequences of food insecurity and diet-related diseases are significant, far reaching, and disproportionately impact historically underserved communities,” the White House noted in a statement. “Yet, food insecurity and diet-related diseases are largely preventable, if we prioritize the health of the nation.”