



January 17, 2019

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(Sent via email to [HP2030@hhs.gov](mailto:HP2030@hhs.gov))

RE: Public Comment for Healthy People 2030

Dear Dr. Wright:

The Food Research & Action Center (FRAC) appreciates the opportunity to provide comments to the U.S. Department of Health and Human Services (HHS) on proposed objectives for Healthy People 2030 (HP2030). FRAC is a research, policy, public education, and advocacy center working for more effective public and private policies to eradicate domestic hunger and improve the nutrition and health of low-income individuals and families.

As detailed in this letter, FRAC supports a number of objectives proposed by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030, although, in some cases, we offer suggestions to strengthen an objective. We also recommend a number of additional objectives for HHS to consider. Our proposals are consistent with efforts to streamline the final set of objectives, while also furthering the objectives necessary to improve the health and well-being of the nation, especially for low-income Americans.

Our comments are organized in the following three sections:

- Section I. Proposed HP2030 Objectives that FRAC Supports
- Section II. FRAC's Additional HP2030 Core Objectives for Consideration
- Section III. FRAC's Additional HP2030 Developmental Objectives for Consideration

### **Section I. Proposed HP2030 Objectives that FRAC Supports**

While we are encouraged by many of the proposed objectives and the strong emphasis on the social determinants of health, we want to offer specific comments on the following four proposed objectives given our expertise in food insecurity and federal food assistance.

#### ***IA. Reduce household food insecurity and in doing so reduce hunger (NWS-2030-01)***

##### ***Recommendations:***

- ***Add "and improve health" to the end of the objective to emphasize the strong connection between food insecurity and poor health.***
- ***Retain an objective on very low food security, either among children or for the general population.***

- ***Cross-reference all food insecurity objectives in the “Social Determinants of Health” topic area.***

Food insecurity is a significant public concern and a social determinant of health. In 2017, approximately 27.5 million adults (11.2 percent of all adults) and 12.5 million children (17.0 percent of all children) lived in food-insecure households.<sup>1</sup>

Food insecurity — even marginal food security (a less severe level of food insecurity that affects millions in addition to those enumerated in the prior paragraph) — is associated with some of the most common and costly health problems and behaviors among adults, including fair or poor self-rated health status,<sup>2</sup> diabetes,<sup>3,4</sup> hypertension,<sup>5</sup> pregnancy complications,<sup>6,7</sup> and depression.<sup>8,9</sup> While food insecurity has direct and indirect impacts on physical and mental health for people of all ages, food insecurity is especially detrimental to the health, development, and well-being of children in the short and long terms.<sup>10,11,12,13</sup> For instance, research shows a link for children between food insecurity and low birth weight,<sup>14,15</sup> birth defects,<sup>16</sup> iron deficiency anemia,<sup>17,18</sup> developmental risk,<sup>19</sup> and mental health problems.<sup>20,21,22</sup>

Because of limited financial resources, households that are food insecure also may use coping strategies to stretch budgets that are harmful for health, such as engaging in cost-related medication underuse or non-adherence,<sup>23,24,25</sup> postponing or forgoing preventive or needed medical care,<sup>26,27</sup> forgoing the foods needed for special medical diets (e.g., diabetic diets),<sup>28</sup> or diluting or rationing infant formula.<sup>29</sup> Food insecurity and coping strategies such as these can exacerbate existing disease and compromise health.

Not surprisingly, research shows that household food insecurity is a strong predictor of higher health care utilization and increased health care costs.<sup>30</sup> For instance, food insecurity and its associated health-compromising coping strategies can increase physician encounters and office visits,<sup>31,32</sup> emergency room visits,<sup>33,34,35</sup> hospitalizations,<sup>36,37,38</sup> and expenditures for prescription medications.<sup>39</sup> The implications for health care costs are staggering: the direct and indirect health-related costs of hunger and food insecurity in the U.S. have been estimated to be \$160 billion for 2014 alone.<sup>40</sup>

Clearly, rates of food insecurity are high in the U.S., and food insecurity contributes to poor physical and mental health, poor disease management, and higher health care utilization and costs,\* which is why the inclusion of food insecurity in HP2030 is appropriate and necessary.

Overall, FRAC is pleased with the household food insecurity objective, and we fully support its inclusion in the final set of objectives. However, ***FRAC suggests HHS add “and improve health” to the end of the objective to emphasize the strong connection between food insecurity and poor health.***

Further, while we are encouraged by the objective on household food insecurity, we believe it is a step backward to exclude very low food security as an objective. Healthy People 2020 (HP2020) includes an objective on very low food security – i.e., “Eliminate very low food security among children.” While progress has been made during the current decade, the objective’s target of 0.2 percent has not been reached according to the latest data available. This severe level of food insecurity continues to threaten the health, development, and well-being of the nearly 12.9 million people living in households with very low food security.<sup>41</sup> As HHS

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\* For a comprehensive review of this topic, see FRAC’s [The Impact of Poverty, Food Insecurity, & Poor Nutrition on Health and Well-Being](#), at [www.frac.org](http://www.frac.org).

develops its final set of objectives, **FRAC encourages HHS to retain an objective on very low food security, either among children or for the general population.**

Finally, the household food insecurity objective is currently included in the “Nutrition and Weight Status” topic area, which is consistent with prior editions. Given that food insecurity is a social determinant of health, **FRAC urges HHS to cross-reference all food insecurity objectives in the “Social Determinants of Health” topic area**, as was done in HP2020.

**IB. Increase the proportion of students participating in the School Breakfast Program (AH-2030-07)**

**Recommendation: Move the objective to, or cross-reference it in, the “Educational and Community-Based Programs” topic area, given that the School Breakfast Program serves school-aged children and adolescents.**

As discussed in Section IA, food insecurity has detrimental impacts on the health, development, and well-being of children in the short and long terms. The School Breakfast Program is a Federal Nutrition Program that can address these issues by alleviating food insecurity, improving dietary intake, protecting against obesity, supporting physical and mental health, boosting academic performance, and supporting positive behavior for our nation’s students, especially low-income students.<sup>42</sup> However, FRAC’s research shows that millions of students miss out on this important program.<sup>43</sup> The inclusion of school breakfast participation in HP2030 can help improve program participation, thereby improving the health of the nation’s children and adolescents.

While we are pleased with the School Breakfast Program proposed objective, believe the language to be an improvement from that used in HP2020 for school breakfast, and fully support the objective’s inclusion in the final set of objectives, FRAC does have one recommendation for HHS to consider. Currently, the proposed school breakfast objective is included in the “Adolescent Health” topic area, but **FRAC recommends that HHS move the objective to, or cross-reference it in, the “Educational and Community-Based Programs” topic area, given that the School Breakfast Program serves school-aged children and adolescents.**

**IC. Increase the proportion of schools that do not sell less healthy foods (ECBP-2030-D13)**

**Recommendation: Clearly define “less healthy foods” moving forward in the objective development process.**

Schools have made tremendous progress in improving the nutritional quality of food served through the school meals programs<sup>44</sup> and in improving the quality of “competitive foods.”<sup>45</sup> (Competitive foods are those foods and beverages available or sold outside of the federally-reimbursed school meals programs, often in à la carte lines, snack bars, student stores, vending machines, or through fundraisers, classroom parties, or student rewards.) These improvements are due, in large part, to provisions from the 2010 Healthy Hunger-Free Kids Act that were designed to enhance the nutritional quality of food served and sold in schools.<sup>46</sup> However, more work needs to be done to fully support these efforts, especially in terms of competitive foods, which can be especially harmful for students from low-income families in terms of nutritional quality, unnecessary cost, and stigma.<sup>47</sup>

Therefore, FRAC fully supports the inclusion of this developmental objective in the final set of objectives, but ***FRAC urges HHS to clearly define “less healthy foods” moving forward in the objective development process.*** In addition, HHS should consider compliance with the U.S. Department of Agriculture’s (USDA) Smart Snacks in School regulation as one potential way to monitor this objective.

***ID. Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act (EH-2030-04)***

***Recommendation: Incorporate reduction or elimination of disparities in water safety as part of the objective in the next phase of the objective development process.***

FRAC is deeply concerned about inequities in safe, clean water access, especially in light of the crisis in Flint, Michigan. Therefore, we fully support this objective on water safety. However, given the known racial-ethnic and socioeconomic disparities in water access,<sup>48</sup> ***FRAC encourages HHS to incorporate reduction or elimination of disparities in water safety as part of the objective in the next phase of the objective development process.*** HHS could use the “Spotlight on Disparities” for blood lead levels in children from HP2020 as a model of how to meaningfully incorporate disparities into an objective. (See EH-8.1 at <https://www.healthypeople.gov/2020/topics-objectives/topic/Environmental-Health/objectives#4356>.)

## **Section II. FRAC’s Additional HP2030 Core Objectives for Consideration**

Poverty, food insecurity, and inadequate dietary intake – challenges facing far too many Americans – have serious and detrimental impacts on the health, development, and well-being of people across the lifespan, as described in Section I.<sup>49</sup> One essential strategy to address these issues is connecting vulnerable individuals and families to the Federal Nutrition Programs, including the Supplemental Nutrition Assistance Program (SNAP); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); National School Lunch Program; School Breakfast Program; Child and Adult Care Food Program (CACFP); and the Summer Food Service Program (SFSP).

As discussed in Section I, we are pleased with the inclusion of a proposed objective on the School Breakfast Program (AH-2030-07). However, we urge HHS to consider additional objectives focused on the Federal Nutrition Programs, specifically SNAP, WIC, CACFP, and SFSP. Research shows that these Federal Nutrition Programs are profoundly important programs with well-documented benefits to vulnerable children, adults, and seniors. The programs alleviate poverty, reduce food insecurity, protect against obesity, improve dietary intake, improve health outcomes, reduce health care utilization and costs, and boost learning and development. For example:<sup>†</sup>

- Access to SNAP *in utero* and in early childhood reduces the incidence of metabolic syndrome (obesity, hypertension, diabetes, heart disease, heart attack), reduces the risk of stunting, and, for women, increases reports of being in good health in adulthood,

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<sup>†</sup> For more information on the benefits of the Federal Nutrition Programs, see FRAC’s [SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans](#); FRAC’s [Child Nutrition Programs and Public Health: The Role of the Federal Child Nutrition Programs in Improving Health and Well-Being](#); and FRAC’s [The Importance of the Federal Nutrition Programs for Infants and Toddlers](#), at [www.frac.org](http://www.frac.org).

based on a study of people who grew up in disadvantaged families and were born between 1956 and 1981.<sup>50</sup>

- SNAP participation is associated with lower health care spending among low-income adults in a national survey.<sup>51</sup> According to one estimate, annual healthcare expenditures averaged \$1,409 less in the case of SNAP participants versus non-participants, and even larger differences occurred among SNAP participants with hypertension or coronary heart disease.<sup>52,53</sup>
- Compared to low-income non-participants, young children participating in SNAP, WIC, or both programs have lower rates of anemia and nutritional deficiency.<sup>54</sup>
- WIC participation is associated with better dietary intake and overall dietary quality, including increased iron density of the diet, increased consumption of fruits and vegetables, greater variety of foods consumed, and reduced added sugar intake.<sup>55,56</sup>
- WIC enrollment and greater WIC food package utilization during pregnancy are associated with improved birth outcomes, including lower risk of preterm birth, low birth weight, and perinatal death.<sup>57</sup>
- Participating in CACFP is associated with greater fruit, vegetable, and milk consumption among low-income preschoolers.<sup>58,59</sup> Children in CACFP centers also consume less saturated fat and total fat, likely a result of the provision of low-fat milk by CACFP-participating centers.<sup>60</sup>
- Toddlers (between 13 months and 3 years old) in subsidized child care whose meals are supplied by their child care provider — and, therefore, highly likely to be provided through CACFP — are less likely to be in fair or poor health, less likely to be hospitalized, and more likely to be at a healthy weight than similar children whose meals are supplied from home.<sup>61</sup>
- Participation in federally funded child care nutrition or school meals provided in child care, preschool, school, or summer settings is associated with a significantly lower body mass index (BMI, an indicator of excess body fat), among young, low-income children.<sup>62</sup>
- Rates of food insecurity and food insufficiency among children are higher in the summer — a time when students do not have access to the school meal programs available during the academic year.<sup>63,64,65</sup> Several studies demonstrate that greater summer meal availability or accessibility has beneficial effects on food insecurity, especially very low food security (the most severe level of food insecurity).<sup>66,67</sup>

New objectives on the Federal Nutrition Programs will not only complement the proposed objective on school breakfast, but also help to achieve many other proposed objectives (e.g., Reduce household food insecurity and in doing so reduce hunger; Reduce preterm births; Increase consumption of fruits in the population aged 2 years and older; etc.). In addition, USDA, the anti-hunger community, and others have resources and best practices readily available to achieve these new objectives (e.g., USDA's [Summer Meals Toolkit](#), FRAC's [U.S. Hunger Solutions series](#)).

Furthermore, these effective programs reach millions of low-income Americans who face disproportionately worse health outcomes and more health-related challenges than their higher income peers.<sup>68,69</sup> As shown in USDA data, program participants live in households with very low resources and participants also are diverse in terms of race-ethnicity. For example, almost two-thirds of all WIC participants have incomes at or below the federal poverty guidelines, and almost one-third of WIC participants have incomes equal to or less than 50 percent of the federal poverty guidelines.<sup>70</sup> Across racial and ethnic groups, 41.8 percent of WIC participants are Hispanic or Latino; 20.8 percent are Black or African American; 10.3 percent are American Indian or Alaskan Native; 4.4 percent are Asian or Pacific Islander; and 58.6 percent are White.

The Federal Nutrition Programs thus serve some of the nation's most vulnerable households — providing them with the means and opportunity to make choices that can help lead to the healthiest lives possible. Increasing participation in these programs can help address health and nutrition disparities related to socioeconomic status and race-ethnicity, as well as address the current high rates of poverty, food insecurity, obesity, and chronic disease facing the nation overall.

As requested in the public comment instructions, and for consistency with the online portal for comment submission, Table 1 provides detailed information on FRAC's proposals for four new core objectives. This includes, for each of the four new objectives, topic area, proposed baseline and unit of measure, proposed data source, and anticipated number of data points throughout the decade.

**Table 1: Additional Healthy People 2030 Core Objectives from the Food Research & Action Center (FRAC)\***

Topic Area	New Core Objective	Proposed Baseline and Unit of Measure	Proposed Data Source	Anticipated Number of Data Points Throughout the Decade
Educational and Community-Based Programs	Increase the percentage of eligible individuals participating in the Supplemental Nutrition Assistance Program (SNAP)	<b>Baseline:</b> 85% in Fiscal Year 2016  <b>Unit of measure:</b> Percentage of eligible individuals participating in the Supplemental Nutrition Assistance Program	U.S. Department of Agriculture’s <i>Trends in Supplemental Nutrition Assistance Program Participation Rates</i> series (Most recent report available at: <a href="https://www.fns.usda.gov/snap/SNAP-participation-rates-FY-2010-2016">https://www.fns.usda.gov/snap/SNAP-participation-rates-FY-2010-2016</a> )	One per year
Educational and Community-Based Programs	Increase the percentage of eligible women, infants, and children participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<b>Baseline:</b> 52.7% in 2015  <b>Unit of measure:</b> Percentage of eligible women, infants, and children participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	U.S. Department of Agriculture’s <i>National and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach</i> series (Most recent report available at: <a href="https://www.fns.usda.gov/wic/national-and-state-level-estimates-special-supplemental-nutrition-program-women-infants-and-2">https://www.fns.usda.gov/wic/national-and-state-level-estimates-special-supplemental-nutrition-program-women-infants-and-2</a> )	One per year
Educational and Community-Based Programs	Increase the number of children in child care centers and family child care homes participating in the Child and Adult Care Food Program (CACFP)	<b>Baseline:</b> 4,314,543 in Fiscal Year 2018  <b>Unit of measure:</b> Average daily attendance by children in child care centers and family child care homes participating in the Child and Adult Care Food Program	U.S. Department of Agriculture’s <i>Program Information Report (KEYDATA)</i> series (Most recent report includes CACFP data in “Table 11: Child and Adult Care Food Program - Child Care Home and Centers” and is available at: <a href="https://fns-prod.azureedge.net/sites/default/files/datastatistics/keydata-september-2018_0.pdf">https://fns-prod.azureedge.net/sites/default/files/datastatistics/keydata-september-2018_0.pdf</a> )	One per year
Educational and Community-Based Programs	Increase participation in the Summer Food Service Program	<b>Baseline:</b> 2,669,000 in Fiscal Year 2018  <b>Unit of measure:</b> Number of children participating in the Summer Food Service Program	U.S. Department of Agriculture’s <i>National Level Annual Summary Tables</i> for the Child Nutrition Programs (Available at: <a href="https://www.fns.usda.gov/pd/child-nutrition-tables">https://www.fns.usda.gov/pd/child-nutrition-tables</a> )	One per year

\*The rationale for these objectives is provided in Section II.

### **Section III. FRAC's Additional HP2030 Developmental Objectives for Consideration**

In addition to the four new core objectives we offer in Section II, we urge HHS to consider three new developmental objectives.

#### **IIIA. Redemption of WIC Benefits**

***Developmental Objective Recommendation: Increase the percentage of fully redeemed monthly food benefits among women, infants and children participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).***

In Section II we shared the importance and effectiveness of the Federal Nutrition Programs in improving the health and well-being of low-income Americans. While increasing participation among eligible individuals is critical, so too is ensuring participants are able to take full advantage of their program benefits to maximize program impacts. This is particularly relevant for WIC as barriers to full redemption of the monthly food benefits are a serious concern. Research has shown that barriers to redeeming the WIC food package can diminish the value and impact of the program.<sup>71</sup> Documented barriers to full redemption of benefits include: challenges identifying allowable WIC-eligible foods and determining the correct amount of fruits and vegetables for the WIC cash value voucher; a limited selection of WIC foods available in some stores, or the products not available in the allowable forms; and embarrassing check-out experiences, including negative interactions with cashiers.<sup>72,73,74,75,76</sup>

Given the importance of WIC to maternal and child health, FRAC recommends that HHS consider the following as a developmental objective: ***Increase the percentage of fully redeemed monthly food benefits among women, infants and children participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).***

Multiple evidence-based interventions are available to increase the full redemption rate, and thereby support the objective. These interventions focus on WIC participants' needs, engaging stores, and allowing innovation to inform WIC's future. (See, for example, FRAC's forthcoming publication, *Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use*.)

In addition, USDA issues periodic reports on WIC benefits issuance, most recently, the *WIC Participant and Program Characteristics 2016 - Food Package Report* that was published in October 2018.<sup>77</sup> The National Academies of Science Committee to Review WIC Food Packages recommended that USDA also report WIC food benefit redemption data. Integrating food benefit redemption data into the *WIC Participant and Program Characteristics* biennial reports would supply a reliable baseline data source for this objective.

#### **IIIB. Food Insecurity Screening**

***Developmental Objective Recommendation: Increase the proportion of medical providers screening for food insecurity.***

As already discussed in Section I, food insecurity is a significant public health concern, increasing the risk of poor health across the lifespan and contributing to increased health care



utilization and costs. As a result, a growing number of health care systems and individual health care providers have recognized their role in identifying and addressing food insecurity in the health care setting (see, for example, the [American Academy of Pediatrics' Promoting Food Security for All Children](#) policy paper). More specifically, an increasing number of providers are screening for food insecurity, as well as other social determinants of health, in clinical settings, but more needs to be done.

To increase the momentum for and prioritization of food insecurity screening among health care providers, FRAC recommends that HHS consider the following as a developmental objective: ***Increase the proportion of medical providers screening for food insecurity.*** This objective complements the proposed objective on household food insecurity (NWS-2030-01). And while this objective does not have reliable baseline data, multiple evidence-based interventions are available demonstrating the importance and effectiveness of food insecurity screening in the medical setting.<sup>78,79</sup>

### ***IIIC. School Water Availability***

***Developmental Objective Recommendation: Increase the number of schools that have potable water readily available to children throughout the school day.***

Water is essential to health, is naturally calorie free, and represents a safe, desirable way of maintaining hydration during the school day.<sup>80</sup> However, the majority of school-aged children consume less than the recommended amount of water.<sup>81</sup> Poor hydration has been shown to impair cognition, alter mood, and reduce physical activity level.<sup>82,83,84</sup>

The Institute of Medicine and the U.S. Surgeon General recommend water be available and promoted in schools as a strategy for supporting health, combating obesity, and supporting healthier beverage choices.<sup>85,86</sup> In addition, the 2010 Healthy Hunger-Free Kids Act required schools to make potable water readily available to children during the school meal service. (Potable water is water that is safe to drink or to use for food preparation.) However, little data exist on the availability of potable water in schools. To close this gap, FRAC recommends that HHS consider the following as a developmental objective: ***Increase the number of schools that have potable water readily available to children throughout the school day.***

Of course, concerns about the quality and safety of water in a facility can pose a practical barrier to serving it, as well as using it to replace less healthy options. Lead, in particular, has been of increased concern in schools and communities in recent years. A new report, [Early Adopters: State Approaches to Testing School Drinking Water for Lead in the United States](#), examined states' efforts related to testing drinking water in public schools for lead and found that many U.S. students attend schools where not all taps are tested for lead. The report could provide a useful resource to HHS as they consider this important developmental objective.

### **Conclusion**

FRAC supports the proposed objectives on household food insecurity, school breakfast participation, healthy foods in schools, and water safety in communities. We encourage HHS to retain and/or improve upon these objectives as outlined in this letter. We also strongly urge HHS to consider our additional objectives around the federal nutrition programs, food insecurity screening, and access to safe water in schools. We believe these objectives will help fulfill the Healthy People goal of "improving the health of all Americans."

We appreciate this opportunity to share our comments, and look forward to continuing to engage in the HP2030 process as it moves forward.

Sincerely,

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## Endnotes

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