Please join us for our first biweekly stakeholder call this Wednesday, May 18 at 3:30pm ET. These calls will feature updates on the White House Conference on Hunger, Nutrition, and Health. Here are the details:

White House Conference Biweekly Stakeholder Call
Date: Wednesday, May 18, 2022
Time: 3:30pm ET/2:30pm CT/1:30pm MT/12:30pm PT
RSVP: https://pitc.zoomgov.com/webinar/register/WNAQwiAYcqSQ6SedDbLGVM0Q

Please note that this call is off-the-record and closed to press. We hope that you can join us!

White House Conference Website
Please share the White House Conference website with your networks! Interested stakeholders can sign up here for updates and to join future calls: https://wh.gov/OPE-hungerhealthconference-signup.

Hunger, Nutrition & Health Listening Session: Kentuckians’ Opportunity to Share their Experiences with the White House
July 25, 2022

White House Conference on Hunger, Nutrition, and Health

July 25, 2022

Foundation for a Healthy Kentucky
Pre-session SURVEY

1. What perspective are you bringing to this discussion

- Farmer
- Public health worker
- Community food/health volunteer
- Need food assistance
- Concerned consumer
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 can’t 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 cannot afford the meat, the can food is cheap, it's 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?

- Shift farm programs from commodities to health food
- Universal free healthy food in schools
- Increase health food education and labeling
- End corporate subsidies for junk food
- Make access to healthy food part of Medicare/Medicaid
- Increase crop insurance for fruits and vegetables
- Make Pandemic SNAP benefits permanent
- Increase local food in schools
- Increase Seniors FMNP
- Increase WIC FMNP

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*

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerned consumer</td>
<td>26</td>
</tr>
<tr>
<td>Experienced food insecurity</td>
<td>10</td>
</tr>
<tr>
<td>Community health worker/ volunteer</td>
<td>5</td>
</tr>
<tr>
<td>Neutral/other</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>
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Hunger, Nutrition & Health Listening Session:
Kentuckians’ Opportunity to Share their Experiences with the White House
July 25, 2022
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
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.
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:

- Poor nutrition is a leading cause of illness in the United States.
  - **600,000** Americans die each year due to diet-related diseases.

- Diet-related diseases hit hardest in communities with high food insecurity.
  - **3x** 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.

- **Insecurity**
  - Military Readiness
  - Healthcare Costs
  - 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**

<table>
<thead>
<tr>
<th>Statewide Food Insecurity Rates</th>
<th>Number of ARC counties that fall in each state's top ten most food insecure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KY</strong> 18.9%</td>
<td><strong>VA</strong></td>
</tr>
<tr>
<td><strong>NC</strong> 17.6%</td>
<td><strong>TN</strong></td>
</tr>
<tr>
<td><strong>OH</strong> 15.9%</td>
<td><strong>OH</strong></td>
</tr>
<tr>
<td><strong>TN</strong> 17.8%</td>
<td><strong>NC</strong></td>
</tr>
<tr>
<td><strong>VA</strong> 11.5%</td>
<td><strong>KY</strong></td>
</tr>
<tr>
<td><strong>WV</strong> 18.1%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National Food Insecurity Rate</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S.</strong> 15.4%</td>
<td></td>
</tr>
</tbody>
</table>

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

- KY Hunger Initiative
- Kentucky Food Action Network
- Partnership for a Fit KY
- Farm to Food Banks
- CFA Fresh Rx MOMs
- Farm to School
- Public Health Dept. Healthy Communities
- WIC, SNAP, Senior Meals
- Summer Feeding Program
- CFA Kentucky Double Dollars
FY 2020 Pounds Distributed (to Kentucky Counties)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Pounds Distributed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dare to Care</td>
<td>22.3 million</td>
</tr>
<tr>
<td>Facing Hunger</td>
<td>2.2 million</td>
</tr>
<tr>
<td>Feeding Am, KY</td>
<td>16.6 million</td>
</tr>
<tr>
<td>Freestore</td>
<td>7.6 million</td>
</tr>
<tr>
<td>God’s Pantry</td>
<td>40.7 million</td>
</tr>
<tr>
<td>Purchase Area</td>
<td>3.2 million</td>
</tr>
<tr>
<td>Tri-State</td>
<td>3.2 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>96 million</strong></td>
</tr>
</tbody>
</table>

Equivalent meals: 79 million
People Served: 611,000
Improved public health is economic development!

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

*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

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 government shutdown.


Appalachian food for health
Total KY Double Dollars Incentives Redeemed, 2017-2021
Perry County Farmers Market

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  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.

HUMANA Sources: Food-is-Medicine-Action-Plan-Final_012722.pdf (aspeninstitute.org)
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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Strong</td>
<td>50</td>
</tr>
<tr>
<td>Strong</td>
<td>9</td>
</tr>
<tr>
<td>Neutral</td>
<td>0</td>
</tr>
<tr>
<td>Not that important</td>
<td>0</td>
</tr>
<tr>
<td>Minimal</td>
<td>0</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0</td>
</tr>
<tr>
<td>Total Responses</td>
<td>59</td>
</tr>
</tbody>
</table>
Poll #3 Ranking role in addressing hunger, nutrition, and health

<table>
<thead>
<tr>
<th>Role</th>
<th>Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal government</td>
<td>29</td>
<td>49.15%</td>
</tr>
<tr>
<td>Federal and state government equally</td>
<td>11</td>
<td>18.64%</td>
</tr>
<tr>
<td>State government</td>
<td>10</td>
<td>16.95%</td>
</tr>
<tr>
<td>Local government</td>
<td>6</td>
<td>10.17%</td>
</tr>
<tr>
<td>Nonprofit organizations</td>
<td>2</td>
<td>3.39%</td>
</tr>
<tr>
<td>Individuals</td>
<td>1</td>
<td>1.69%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Total Responses</td>
<td>59</td>
<td></td>
</tr>
</tbody>
</table>
Poll #4 Was this discussion helpful?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I learned a lot</td>
<td>30</td>
</tr>
<tr>
<td>Not so much</td>
<td>9</td>
</tr>
<tr>
<td>I feel that my voice was heard</td>
<td>17</td>
</tr>
<tr>
<td>Limited opportunity to be heard</td>
<td>0</td>
</tr>
<tr>
<td>Minimal</td>
<td>1</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0</td>
</tr>
<tr>
<td>Total Responses</td>
<td>39</td>
</tr>
</tbody>
</table>
THANK YOU!

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