



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

July 15, 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

On behalf of the National Association of Chronic Disease Directors (NACDD), thank you for the opportunity to share our perspective on issues related to hunger, nutrition, and health. NACDD and our members are grateful that the White House recognizes the importance and interconnection of these issues and their influence on the future health and security of our nation.

The 58 State and Territorial Health Department Chronic Disease Directors are public health professionals who play a critical role in protecting and promoting Americans' health. Chronic Disease Directors and the programs they oversee play a key role in reducing the incidence, burden, and associated risk factors related to chronic disease. Chronic Disease Directors and their staff implement population health policies, coordinate with partners, and create and execute community programs and education campaigns.

As the only organization representing more than 7,000 chronic disease professionals across the United States working in state, tribal, and territorial health departments, nonprofits, academia, and the private industry, NACDD works to reduce the impact of chronic diseases by advocating for prevention policies and programs. NACDD and its members are committed to ensuring broad and equitable access to programs and services that promote health. We believe in creating and maintaining conditions that allow everyone to reach their full health potential.

Chronic disease prevention should be part of any discussion about improving food and nutrition security throughout the United States. Poor nutrition is linked to diseases like type 2 diabetes, heart disease, obesity, certain cancers, stroke, and depression. Furthermore, less than 10% of Americans eat the recommended number of daily vegetables and 90% consume too much sodium.^{1,2} Food insecure individuals with limited food access and choices have a more difficult time managing their existing chronic diseases, particularly those that are heavily affected by diet such as diabetes.³ Food insecurity can impact the development of infants and toddlers and adversely affects children's physical and mental health as well.^{4,5}

¹ Lee SH, Moore LV, Park S, Harris DM, Blanck HM. Adults Meeting Fruit and Vegetable Intake Recommendations — United States, 2019. *MMWR Morb Mortal Wkly Rep* 2022;71:1–9. DOI:

² Jackson SL, Coleman King SM, Zhao L, Cogswell ME. [Prevalence of sodium intake in the United States](#)external icon. *MMWR*. 2016;64(52):1394–7.

³ Seligman, H. K., & Schillinger, D. (2010). Hunger and Socioeconomic Disparities in Chronic Disease. *New England Journal of Medicine*, 363(1), 6–9. doi: 10.1056/nejmp1000072

⁴ Rose-Jacobs, R., Black, M. M., Casey, P. H., Cook, J. T., Cutts, D. B., Chilton, M., ... Frank, D. A. (2008). Household Food Insecurity: Associations With At-Risk Infant and Toddler Development. *Pediatrics*, 121(1), 65–72. doi: 10.1542/peds.2006-3717

⁵ Weinreb, L., Wehler, C., Perloff, J., Scott, R., Hosmer, D., Sagor, L., & Gundersen, C. (2002). Hunger: Its Impact on Children's Health and Mental Health. *Pediatrics*, 110(4). doi: 10.1542/peds.110.4.e41

In our comments below, we highlight a few areas that we hope the White House will consider in preparing for the upcoming conference and formulating recommendations for how to reduce hunger and improve health in the United States.

General Considerations

NACDD stands in solidarity with other organizations that have submitted letters and supports an approach that includes stakeholders ranging from people with lived experience of hunger, the nonprofit and private sectors, and federal, state, territorial, local, and tribal leaders. NACDD encourages the White House to ensure that the conference focuses on the realities of those most negatively impacted by food and nutrition insecurity and involves those individuals with lived experiences in the process of defining and developing priorities. Centering community voices in the planning processes will ensure recognition and representation of those who have been marginalized and ensure that policy recommendations and initiatives are lifting up and responding to those experiences, not catering to special interests.

Providing Additional Funding to the Division of Nutrition, Physical Activity, Nutrition, and Obesity

The activities and programs directed by Centers for Disease Control and Prevention's (CDC) Division of Nutrition, Physical Activity, and Obesity (DNPAO) help the entire country—not just those living with chronic disease. The CDC directs funding to evidence-based interventions that promote nutrition, physical activity, and obesity prevention, including increasing access to healthy food and beverages, increasing physical activity access and outreach, designing communities that support safe and easy places for people to walk, improving nutrition and increasing physical activity in the Early Care and Education (ECE) settings, and improving support for mothers who choose to breastfeed.

Currently, only 16 states receive funding to support physical activity and healthy eating through state-based public health programs. Public health programming per capita expenditure is approximately \$0.25, far below the estimated \$1,429 per capita cost of obesity-related medical care. A sustained and sufficient level of investment in nutrition and physical activity interventions through state-based public health programs can improve health outcomes, quality of life, and help individuals maintain optimal health at every age. An increase in funding for DNPAO will continue efforts to improve nutrition and increase physical activity across the lifespan, with a special focus on young children ages 0-5 years. CDC also will continue to monitor and report health risk behaviors and health outcomes and integrate the best science into state, tribal, local, and territorial initiatives for optimal reach and impact.

Role of State Health Departments and Chronic Disease Directors

NACDD recommends that the White House consider the role of State Health Departments and Chronic Disease Units in facilitating cross-sector collaboration at the state-level. Several NACDD programs demonstrate how State Health Departments successfully partner with other public and private collaborators (e.g., Planning, Transportation, Aging, Human Services, Agriculture, charitable food system, aging service network) to achieve program goals and address upstream factors and social determinants of health through innovative solutions, sharing and leveraging of resources, and braiding and/or blending funding. State Health Departments can also work with other state government agencies in creating state offices, directors, and councils of food, nutrition, and hunger policy.

NACDD would also ask the White House to consider opportunities to provide support for state and community efforts that impact multiple positive health behaviors and outcomes. For example, this could include, but is not limited to, a well-sited farmers' market that promotes food and nutrition security, physical activity (as an activity-friendly destination), and social connectedness (as a regular gathering

place for community members) or congregate feeding sites that support both food nutrition security and social connectedness.

Chronic Disease Units and State Health Departments can also play a role in developing comprehensive “Food Action Plans” that describe the development and implementation of policies regarding hunger, food and nutrition insecurity, and food systems (e.g., “farm to fork”) with a special emphasis on increasing participation among eligible state residents in federal nutrition assistance programs.

Addressing the Built Environment: Access to Nutritious Foods and Opportunities for Physical Activity

NACDD recommends that the White House consider approaches to advancing food and nutrition security that are not often considered such as restructuring the built environment (e.g., grocery stores and healthy food outlets within walking distance); implementing zoning laws/policies to prevent oversaturation of fast food restaurants in low-income, urban areas; and implementing policies that regulate and reduce (and ultimately eliminate) unhealthy marketing in low-income, urban areas.

NACDD is committed to solutions that embody access and opportunity for both healthy eating and physical activity, particularly those that help communities overcome physical barriers to accessing food. Increasing access to healthy food can be achieved not only by bringing healthy foods closer to people, but also by making walking, moving, biking, and transit a safer and more viable option for people of all ages and abilities, linking them to places where they get food. Access to affordable, nutritious food is an essential part of helping people lead healthy lives.

Physical activity is critical to mental and physical health and can help prevent and manage chronic health conditions. The easiest way to support access to affordable nutritious foods and build the lifelong habit of daily physical activity is through the creation of activity-friendly routes to everyday destinations such as the places people buy and obtain food. Communities that make activity-friendly routes to everyday destinations the norm are communities where all kids and people can be physically active and more safely, conveniently reach the places they buy or obtain food.

One effective mechanism for creating environments where it is easy to walk, bicycle, and take transit, and access places such as school meals, farmers markets, and grocery stores is to leverage [Active People, Healthy NationSM](#), the CDC’s national initiative that aims to help 27 million Americans become more physically active by 2027 through the promotion of evidence-based [strategies to increase physical activity](#). Community-based organizations, State Health Departments, and land grant university extension agencies also work through DNPAO funding programs – [State Physical Activity and Nutrition \(SPAN\) Program](#), [High Obesity Program \(HOP\)](#), and [Racial and Ethnic Approaches to Community Health \(REACH\)](#) – to create [activity friendly routes to everyday destinations](#).

Through the [Building Resilient Inclusive Communities \(BRIC\)](#) program, NACDD is working with 20 State Health Departments and other organizations to engage more than 60 communities to address food and nutrition security, improve safe physical activity access, and reduce social isolation and loneliness through a policy, systems, and environmental change lens. Additionally, NACDD’s Walkability Action Institute (WAI) project convenes interdisciplinary teams to develop and implement action plans that leverage policy, systems, and environmental change strategies to make their communities, regions, and states more walkable over the long term. These efforts include strategies that create or improve routes, like bike paths and sidewalks, to places people frequent, like grocery stores, health clinics, stores, public transit, and parks. Public health professionals and community-based organizations working on such

efforts understand firsthand what it takes to improve health through increasing access to nutritious foods and incorporating physical activity into everyday life.

Other Considerations

In addition to the recommendations mentioned above, we would also ask that the White House consider other key issues that affect people's ability to equitably access nutritious and affordable food including:

- Role of social determinants of health in affecting food and nutrition security and access to venues for physical activity including socioeconomic status, access to health care, affordable housing, access to childcare, availability of paid parental leave, and transportation
- Recognize the strength of regional and local food systems, and create policies and systems that promote food sovereignty; this means empowering communities (i.e., local food providers) themselves to address issues of hunger and health by being able to cultivate their own healthy, fresh foods in a socially, environmentally, and economically sustainable way
- Opportunities to integrate food and nutrition security as a required component of any state's emergency/disaster preparedness planning and nutrition standards in national emergency/disaster preparedness planning as well
- Impact of eligibility and funding for federal nutrition programs including effects of pandemic-era policies to expand eligibility and benefits
- Accessibility and affordability of medically tailored meals
- Use of Hunger Vital Signs and Food Insecurity Screening Questions during Chronic Disease Risk Assessments
- Availability of research into the connection between food and nutrition insecurity and the onset of diet-related chronic disease including, but not limited to, diabetes, heart disease, and oral health conditions
- Opportunities for Dietitians and other Clinical Health Providers who work with patients with chronic disease to educate about the role food access plays in chronic disease prevention and treatment
- Role of Medical Nutrition Therapy (MNT) interventions for chronic disease prevention and management/treatment including considerations for those who experience chronic food and nutrition insecurity; also consider challenges/barriers to food access and availability of culturally appropriate food suggestions and choices
- Recommendations from [Activity-Friendly Routes to Everyday Destinations Strategy](#) including access to food outlets as an everyday destination that routes and built environments must support

Sincerely,



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NACDD Chief Executive Office
