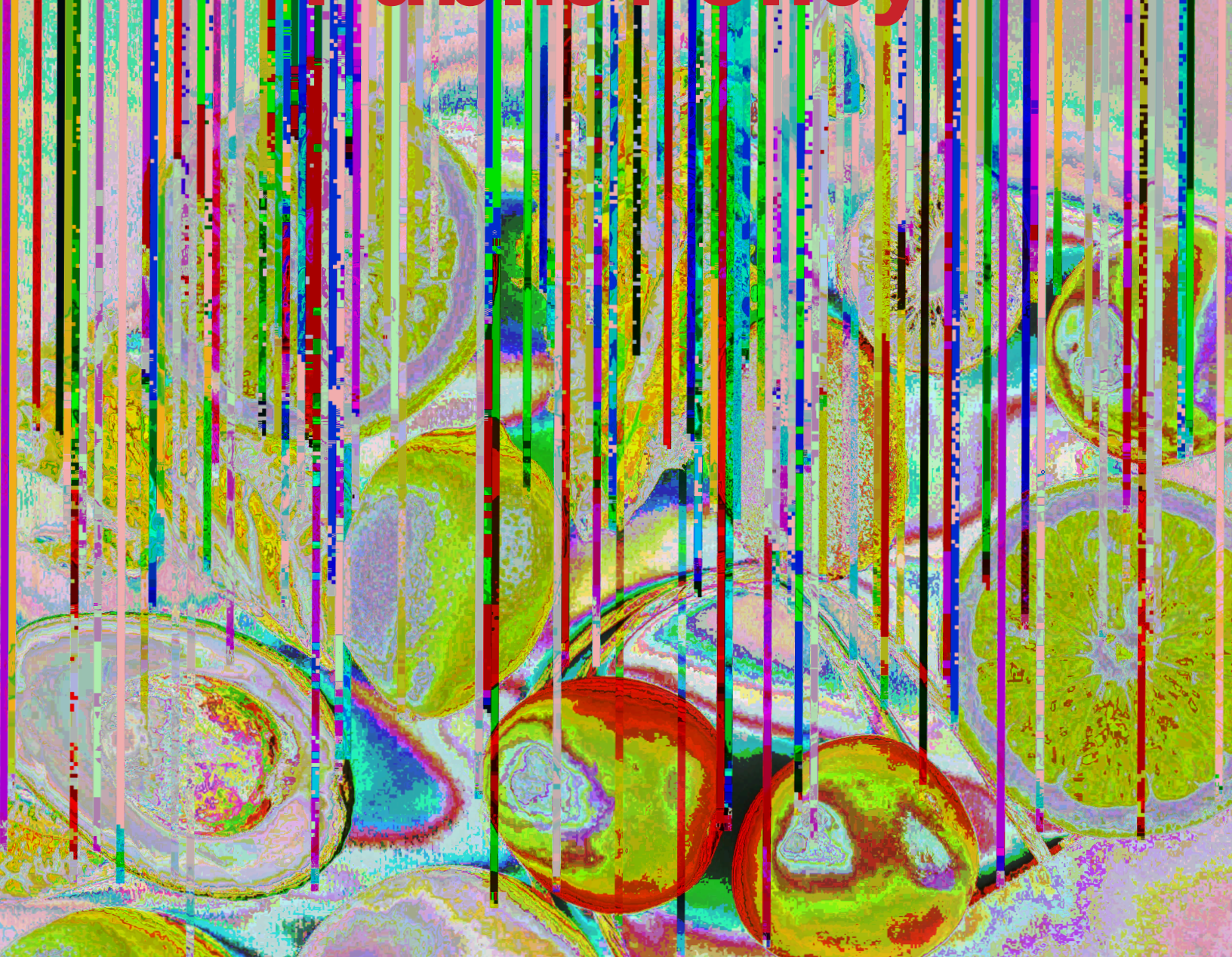


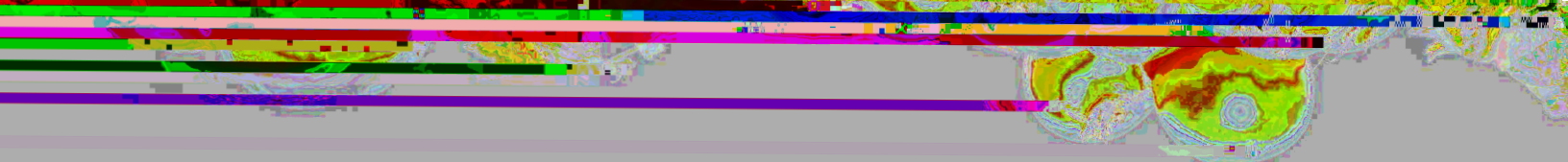
American
Heart
Association.

Nutrition Security Impact Through Public Policy



Introduction:

Chronic diseases, including diabetes, cardiovascular disease (CVD), and many types of cancer are some of the leading causes of death in the United



Since AHA has worked in this space, we have achieved over 170 policy wins across the state and local levels.

At the state and local level, our staff advocates for:

- **reducing sugary drink consumption** through taxes;
- ensuring restaurant beverages and meals offered to kids meet **healthy beverage and nutrition standards**;
- supporting access to the **Supplemental Nutrition Assistance Program (SNAP)** and establishing or expanding **SNAP incentive programs**;
- expansion of **healthy school meals for all**;
- protecting **strong nutrition standards for school meals** and ensuring that **no-cost, clean drinking water** is accessible in schools;
- **nutrition standards for early care and education settings**; and
- establishing or expanding **produce prescription programs**.

At the federal level, our staff advocates for:

- reducing the amount of sodium in processed foods to 16.1 (or 10.1) percent of calories
- he

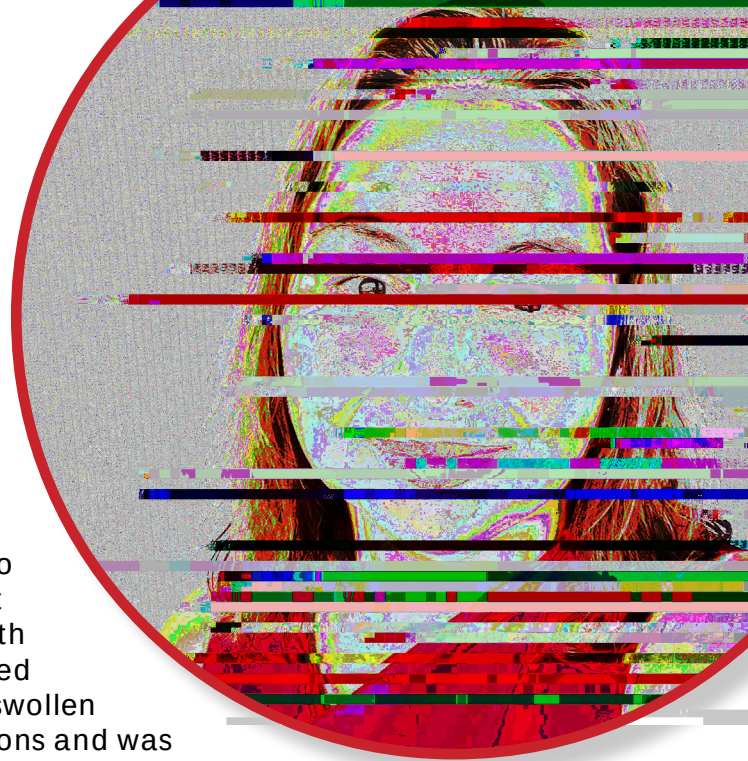
Vanessa Garner

In June 2017, I experienced a fast heart rate, shortness of breath, and chest pain. After several days, I finally went to the hospital where I was hospitalized for three days. Later I was discharged, and the cardiologist suggested this episode was a result of either stress or stomach issues. A friend convinced me to get a second opinion. At a second hospital, I met with a female cardiologist who diagnosed me with myocarditis and acute heart failure with a reduced ejection fraction – in other words, my heart was swollen and not pumping well. I was placed on medications and was on disability for three months followed by a month of cardiac rehab. However, even with this treatment plan, I continued to feel unwell and struggled with simple activities, such as walking from my car to the entrance of a building.

I knew I needed to make some serious life changes if I truly wanted to LIVE life. As a first step towards improving my heart health, I got a personal trainer. Within two months, I saw a difference in my heart health, and I was no longer struggling with simple activities. I also decided to make changes to my diet. In addition to myocarditis and acute heart failure, I had also developed diabetes and high cholesterol and I was having a difficult time tolerating the medications. Although I was consistently exercising, I struggled to regulate my blood sugar level. Through significant changes to my lifestyle, especially my diet, I was able to learn how to manage my diabetes and cholesterol without medications. Nutrition security and a healthy lifestyle play a large role in improving overall health. Changes to my eating habits and physical activity levels were able to help me more than medications alone.

I am a pharmacist with years of experience and a robust knowledge of different health conditions and treatment plans. Because of this, I thought I understood how to properly care for chronic conditions. After going through my own experiences, I have realized that there is a large knowledge gap around how lifestyle changes, especially diet, can be used to manage chronic conditions. In a pursuit to close my own knowledge gap, I have obtained my certifications in personal training and nutritional coaching.

Through my experience as a volunteer with AHA, I have learned that my health story is not that uncommon. I have partnered with the AHA to share my story in hopes that it can help others. Through my own personal journey, I have learned so much about the importance of a healthy lifestyle. AHA provides many tools and resources for people to understand the importance of nutrition and physical activity.



Cori Keller

I am Cori Keller, a resident of Stuttgart, Arkansas, and an advocate for the American Heart Association. As a child, I was unaware of the hunger crisis within my own community until I witnessed a classmate collecting a bag of food as a part of the Backpack Program. I learned that he was part of the one in four children in Arkansas who experience food insecurity. In this moment, I
Ou



Voices for Healthy Kids has provided funding, technical assistance, and partnership support to state and community-based organizations working to make every day healthier for every child and advance equity. Part of this work includes expanding access to and benefits from SNAP. Some highlights include:



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and **fund**

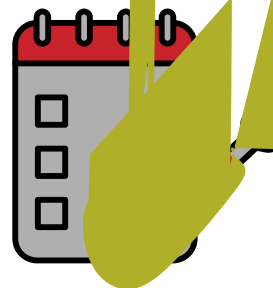
success
and local

Since the advocacy
engaged in hundr

**Healthier Options at
Restaurants (Kids' Meals)**

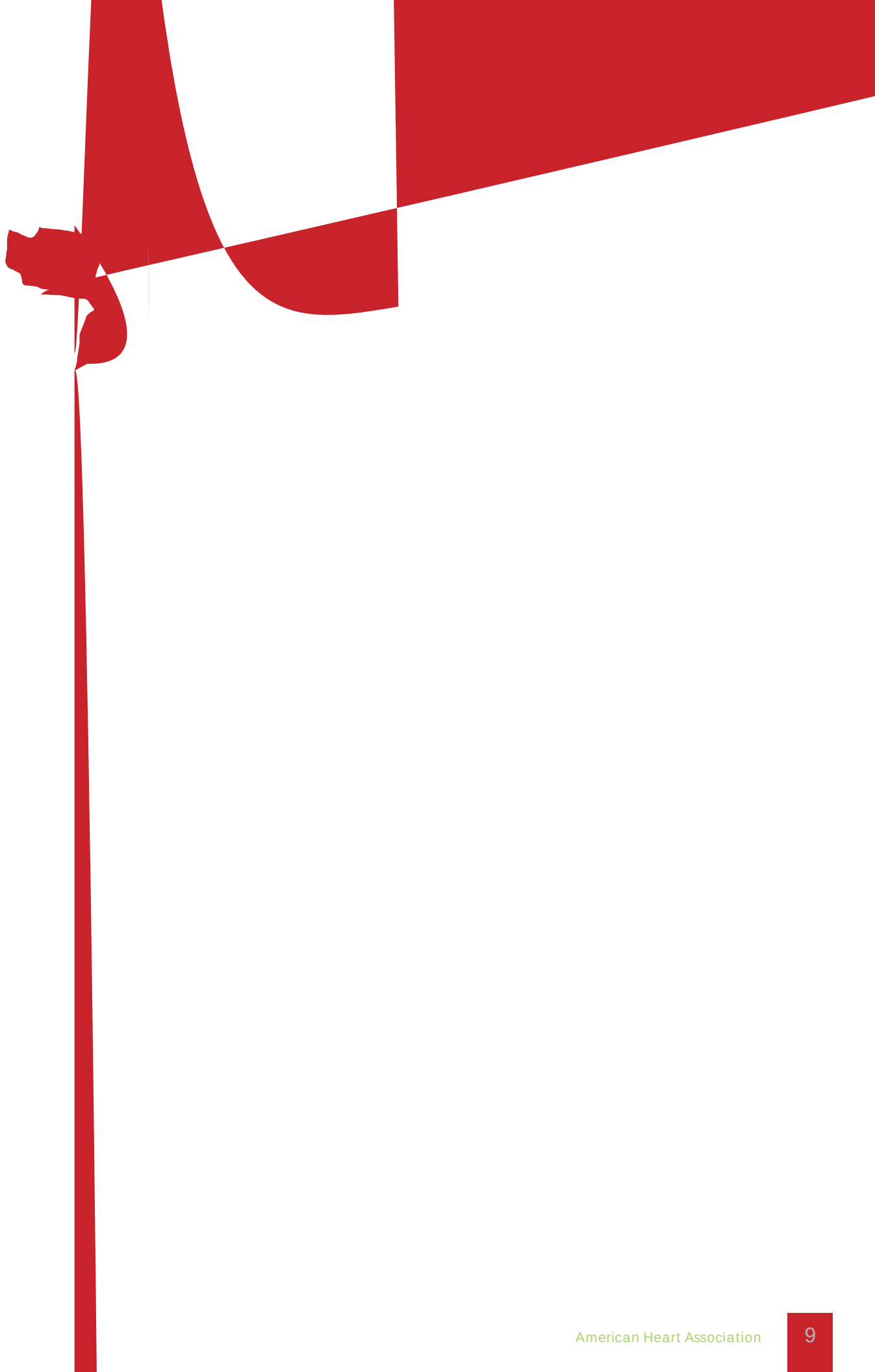
Healthy School Meals for All

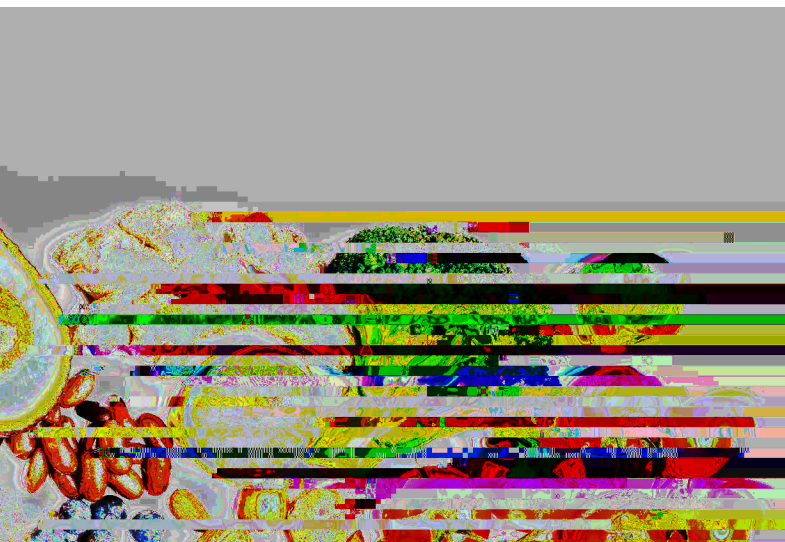
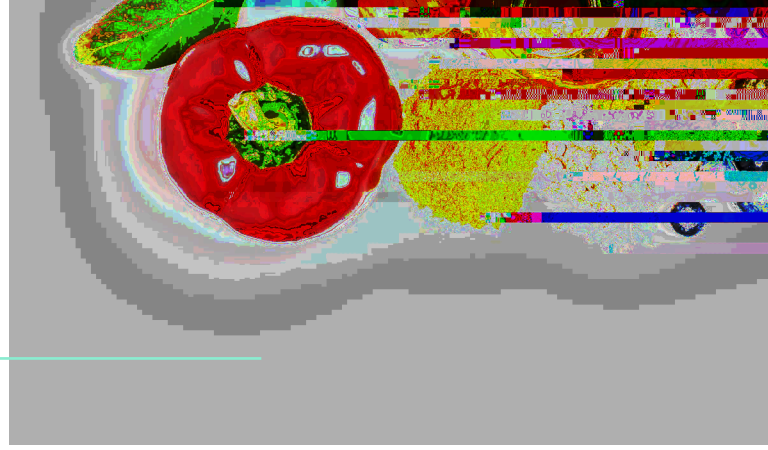
SNAP Incentives



SNAP Access

**Water Bottle Refilling
Stations in Schools**







The tenth farm bill, the Food and Agriculture Act, is signed into law and is the first farm bill used to reauthorize the food stamp program.

The first edition of the Dietary Guidelines for Americans is released. It is updated every five years.

AHA becomes a more visible champion of public health, starting advocacy efforts that remain active today.

The Nutrition Labeling and Education Act is signed into law requiring nutrition labels and regulates health and nutrient claims.

The National Nutrition Monitoring and Related Research Act calls for a standardized method for defining and measuring “food insecurity.”

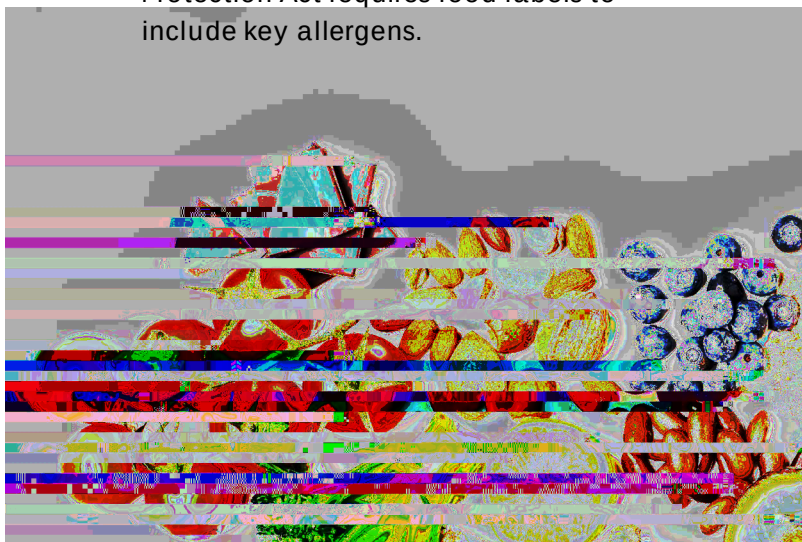
Nutrition Facts, basic per-serving nutritional information, are required on foods under the Nutrition Labeling and Education Act of 1990. FDA and the Food Safety and Inspection Service of the Department of Agriculture create the food label to list the most important nutrients in an easy-to-follow format.

The Healthy Meals for Healthy Americans Act, a child nutrition reauthorization legislation that for the first time requires school meals to align with the Dietary Guidelines for Americans, is signed into law.

The Food and Drug Administration Modernization Act regulates health claims for foods.

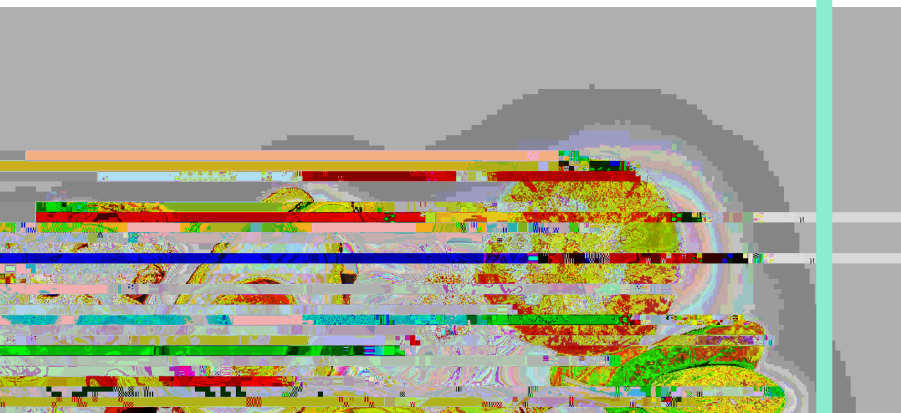
The Food Allergen Labeling and Consumer Protection Act requires food labels to include key allergens.

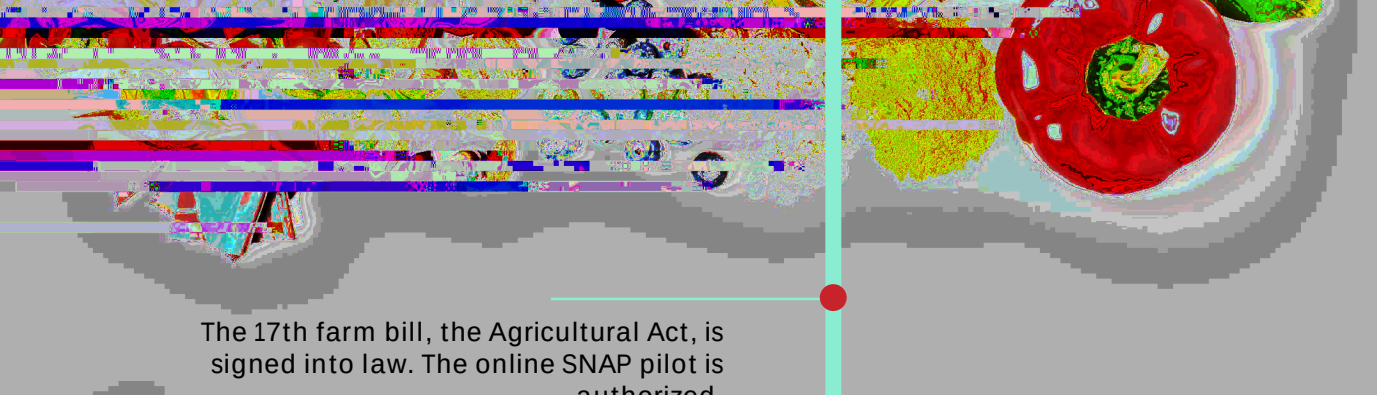
The Child Nutrition and WIC Reauthorization Act, a child nutrition reauthorization legislation is signed into law, and establishes local wellness policies to address competitive foods.



The Institute of Medicine issues science-based recommendations for nutrition

Food companies are required to declare the amount of *trans* fats on the Nutrition Facts label, the first major change to the label since 1994.





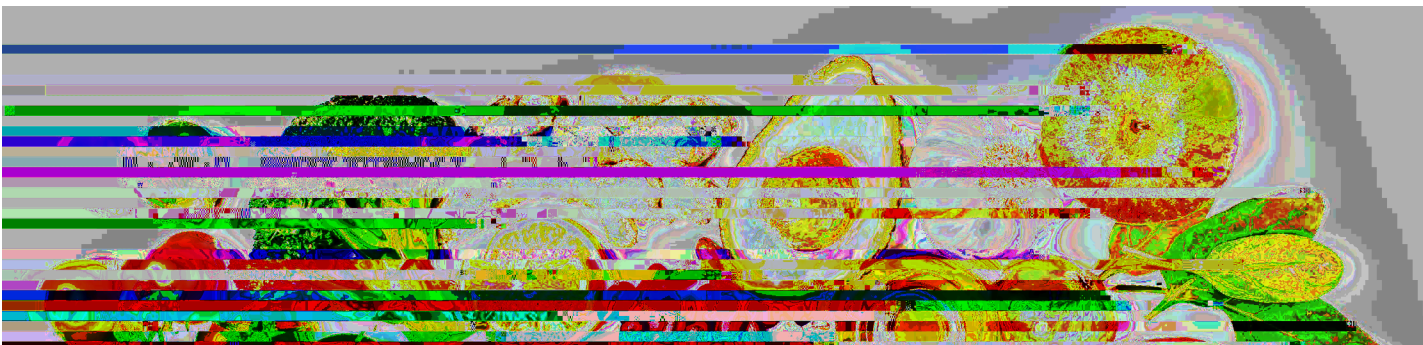
The 17th farm bill, the Agricultural Act, is signed into law. The online SNAP pilot is authorized.

The eighth edition of the Dietary Guidelines for Americans is released and includes a quantitative recommendation e

FDA determines that partially hydrogenated oils (PHOs) are not generally recognized as safe for any use in foods. Food companies must comply by June 2018, but the compliance date is later extended until January 2020 for certain uses.

The ninth edition of the Dietary Guidelines for Americans is released and includes recommendations for all life stages, including infants and toddlers and pregnant and lactating women, for the first time.

FDA releases voluntary short-term sodium reduction targets for food manufacturers and major restaurants to lower the amount of sodium in the food supply. The food industry is encouraged to meet the targets within two and a half years. FDA indicates it will release additional targets in the future.



prevalence rate



Trends in prevalence of food insecurity across the United States

Trends in prevalence of poor diet quality in the United States.

Through the past several decades, the American Heart Association and its

Building on the success of the Healthy Incentives Pilot (HIP) from the 2008 farm bill, the 2014 farm bill created the Food Insecurity Nutrition Incentive (FINI) Program, which provided grants to eligible organizations to design and implement projects to increase produce purchases among SNAP participants. The 2018 farm bill expanded FINI and renamed it to GusNIP. The 2018 legislation

USDA finalizes a rule to roll back some of the requirements for school nutrition standards, which includes delaying the second phase of sodium reduction to the 2024-2025 school year, eliminating phase three of sodium reduction and weakening whole grain standards.



In 2016, FDA released draft voluntary sodium reduction targets for the food industry. The proposed short-term and long-term targets recommended

In 2010, as part of the Affordable Care Act, Congress passed a law requiring menu labeling. The FDA implemented the law, issuing a series of rules in 2011, 2014, and 2017 that require chain restaurants and other similar food establishments to provide calorie and other nutrition information. Vending machines are also required to post calories.

The Nutrition Facts Label on packaged foods was updated in 2016. The updated label included a line for added sugars, included an added sugars daily value (DV), lowered the DV for sodium, and made calories and serving size information more prominent on the label. Since this update, AHA has been working with FDA to build on the Nutrition Facts Label by updating the 'healthy' claim and advocating for the creation of a mandatory comprehensive front-of-package labeling program.

Consumers choosing lower-calorie items in response to the menu calorie law over a lifetime could reduce obesity and produce net savings of

and

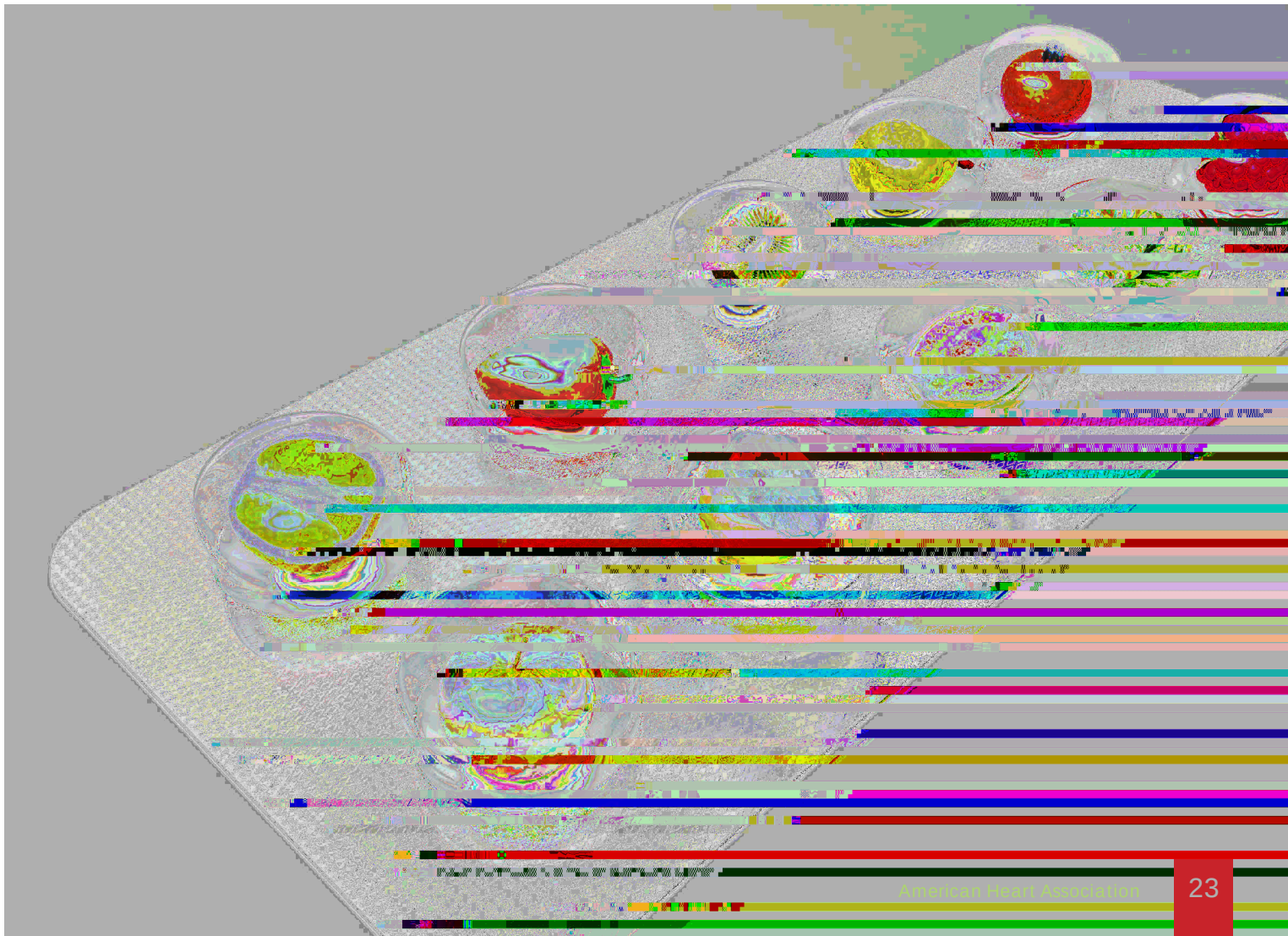
associated with less productivity and informal care. Plus, over a lifetime, the lower-calorie 331TJ0.746

increased
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In 2021

**people participated
in SNAP, up from
people
pre-pandemic,
serving as an
essential safety net
during the
pandemic and
economic downturn.⁷**

In 2022, the Biden administration convened the White House Conference on Hunger, Nutrition, and Health, and released its national strategy to end hunger in America and increase healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases. The National Strategy reflects many of [AHA's policy priorities](#) (17 recommendations, 11 partially), outlined in a letter submitted to the White House, including but not limited to, healthy school meals for all, food is medicine, food labeling, and more. In December 2022, the Senate Agriculture, Nutrition, and Forestry Committee held a meeting to discuss current efforts and potential opportunities around food is medicine. Dr. Kevin Volpp, an AHA volunteer, testified before the committee in support of more research on food is medicine interventions. The White House held a follow-up event in 2023 to solicit more commitments from the private sector. AHA was one of a very few select groups invited to attend the event in person.





For decades, the American Heart Association has worked to promote sugary drink taxes in the United States. AHA supports the adoption of a 2% increase in tribal, state, county, and/or municipal excise taxes on sugary drinks. To date, eight locations across the U.S. have adopted such taxes. AHA has supported all the sugary drink tax campaigns that have been passed in the United States, including **San Francisco, CA; Berkeley, CA; Philadelphia, PA; Boulder, CO; Seattle, WA; and New York City, NY.** In 2014, Navajo Nation passed the Healthy Diné Nation Act, which includes a 2% tax on foods of minimal-to-no nutritional value (junk food). This is the first such tax in the United States and in any sovereign tribal nation.

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AHA supports efforts to ensure that restaurants offer children's meals that meet healthy nutrition standards, and that the default drink offered with any restaurant children's meal is a healthy option. In 2020, Prince George's County, Maryland became the first to require restaurants to limit calories, sugar, salt, and fat and require that restaurants offer a healthy drink as the default beverage in kids' meals. Since AHA has taken on this policy priority, 24 cities and states have implemented policies to improve the default beverage in restaurant kids' meals or improve the nutritional quality of kids' meals.



AHA supports efforts to increase the number of states and districts that have policies for schools to implement, at minimum, the beverage, snack, and meal guidelines as intended by the 2012 school meals and 2016 competitive foods final rules, or an updated rule by USDA – whichever promotes the strongest nutrition standards while ensuring that the nutrition standards are aligned with the most current Dietary Guidelines for Americans. These efforts help ensure that school nutrition standards will remain strong even if the nutrition standards are rolled back at the federal level.

AHA has also supported two school nutrition standard policies, 12 competitive food policies and four school marketing policies.

