



Four Policies that Matter for Scaling Healthy Food Access Interventions

Lessons from Healthier Food Access Projects

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Access to healthy, affordable, and culturally relevant foods is essential to supporting families' and communities' food security and health (Dariush, Fleischhacker, and Andrés 2021). However, many communities, especially people of color, Native nations, and immigrants, face stark and persistent barriers to healthy food access that undermine their well-being (Odoms-Young and Bruce 2018). Disparities in food access and security by race and ethnicity persisted even before the COVID-19 pandemic and have continued in the wake of high food prices emphasizing the importance of equity-focused efforts to improve food access (Martinchek et al. 2023). Community-led innovation has been a critical part of the response to the sharp rise in people needing food at the onset of the pandemic and continues to illuminate ways that policies and programs can be reimaged to achieve longer-term progress in food security and nutrition. In this brief, we take a closer look at four ways in which the policy environment can help or hinder the scaling of promising local innovations focused on connecting people in need with healthy foods:

1. expanding and sustaining investments in programs that help people purchase healthy foods,
2. building the evidence for integrating healthy food access into health care programs and bridging the silos between food and health policy,

- 3. bolstering the role of child care in addressing food insecurity and healthy food access, and**
- 4. supporting tribal sovereignty through efforts to increase Native communities' access to healthy foods.**

In 2020, the Walmart Foundation awarded grants to 11 community-based projects offering innovative approaches to supporting healthy food access. The grants focused on initiatives that improve access to fresh foods for regions and populations experiencing disproportionately high rates of food insecurity. Many of the populations served by these initiatives face steep and unique barriers to food access and are underserved by existing programs and services, leaving them with fewer resources and opportunities to meet their food needs. Investments supported a wide range of communities and strategies, including tribal communities in Northern Michigan and the Chickasaw Nation, immigrant communities in Maine and Minnesota, food banks experimenting with online ordering and home delivery in Illinois and Florida, projects to connect low-income families with healthy meal kits in North Carolina and Florida, and programs connecting households with produce through clinic partnerships, produce prescriptions, and farmers market incentives in Mississippi, Oklahoma, and West Virginia (box 1). Overall, these funded initiatives run by local organizations aimed to address specific food access barriers relevant to communities that are typically not reached or well-served by existing programs.

While the healthier food access grants were awarded shortly before the COVID-19 pandemic began, the grant-funded activities were just getting underway as the pandemic was emerging in early 2020. Participating organizations suddenly found themselves on the frontlines of a public health crisis and a related economic shock that created soaring demand for food assistance and significant disruptions in the food supply chain. For some, this led to a pause on their planned programs as they quickly pivoted to emergency response and tried to fill the growing food insecurity gap. For others, this meant changing service delivery options and program structures to continue trying to reach communities during rapidly evolving conditions. For all, it meant rethinking their approaches to be responsive to requirements for social distancing and quarantine and being flexible to the emergent and growing food access needs in their communities. Over the last three years, grantees have combined on-the-ground learning with formal data collection to gain important insights into the strengths and challenges of their efforts to increase healthy food access, including the ways in which some pandemic adaptations might inform longer-term improvements in increasing food access. Box 1 includes a short synopsis of the grant programs and provides links to more information about specific projects.

BOX 1

Healthier Food Access Grantees

This box describes each Healthier Food Access grantee organization's project and goals to improve local communities' food access.

- **The University of Mississippi:** The University of Mississippi's Community First Research Center for Wellbeing and Creative Achievement led two programs in partnership with selected communities in Mississippi to reach rural residents coping with food insecurity and chronic illness and to empower them to better manage their health. A food prescription program provided participants with produce biweekly along with personalized nutrition counseling, and a grocery store produce matching program provided participants with a one-to-one match on the money they spent on produce, up to \$25 per month.
- **Inter-Tribal Council of Michigan Inc:** The Inter-Tribal Council of Michigan (ITCM) focused on the increasing demand for and uptake of healthy Native foods to improve Native citizen's cultural connections via food, increase the uptake of nutrient-dense food, and stimulate local tribal economies in the Food Distribution Program on Indian Reservations (FDPIR) program in Michigan. The ICTM created recipes and cooking videos with traditional foods that complemented customized FDPIR food packages that included locally sourced traditional foods.
- **Oklahoma Foundation for Medical Quality:** The OKFresh program, a collaboration between the Oklahoma Foundation for Medical Quality (OFMQ), the Oklahoma Nutrition Information and Education Project (ONIE), health care clinics, and farmers markets in three food-insecure communities in Oklahoma encouraged clinicians to identify patients who might be facing food insecurity and connect them with produce incentives that allow patients to purchase fresh produce at local farmers markets or receive produce boxes from local distributors.
- **St. Mary's Regional Medical Center:** In Bangor, Maine, St. Mary's Regional Medical Center implemented multiple efforts that built the capacity of existing programs to enhance local food systems. One piece of this initiative was the community food champions initiative, which hired residents of the Somali, Djiboutian, and Sudanese communities to conduct outreach within their communities to improve communication with groups whose primary language may not be English and increase residents' knowledge of where they could access food in their neighborhood.
- **Hmong American Farmers Association:** To improve local food access, the Hmong American Farmer's Association provided Community Supported Agriculture (CSA) boxes to local families in the Twin Cities in Minnesota as well as distributed fresh produce to home-based child care programs run by Hmong providers. The home-based child care program provided produce to Hmong women-owned child care providers in lower-income communities to incorporate fresh and culturally appropriate produce into meals served to younger children.
- **West Virginia University Foundation:** West Virginia University (WVU)'s Appetite for a Healthier Future program connected at-risk individuals in rural West Virginia to sources of fresh, local produce in a variety of settings (education, health care, markets, pantries, and so on) with a goal of building preferences for fresh, healthy food, improving health status, and building capacity in the food system, particularly for local growers.
- **Feeding South Florida, Inc.:** Feeding South Florida created an e-pantry of their network of 300 nonprofit partner agencies and various direct service programs to provide regular access to nutritious foods for local residents. The e-pantry enabled clients to place online food orders and opt for home-delivery or pickup options, and it was created to make food choices more accessible and dignified by offering an option akin to any other grocery delivery app.

- **Chickasaw Nation Tribal Government:** The Chickasaw Nation partnered with the Regional Food Bank of Oklahoma (RFBO) to expand a mobile market distribution of prepackaged boxes of fruits and vegetables at 12 predetermined sites as well as increase citizens' use of produce incentives. The partnership brought fresh produce directly to Chickasaw citizens in food-insecure communities to increase use of produce incentives at the market and access to quality fresh food.
- **Northern Illinois Food Bank:** The My Pantry Express (MPX) implemented by Northern Illinois Food Bank used technology to implement online ordering for food pantry clients. The program prioritized client choice and dignity to improve the food bank experience for those facing food insecurity in 13 urban, suburban, and semirural counties outside of Chicago by creating a streamlined online ordering experience, prioritizing participant choice and preferences, offering curbside pickup and home-delivery options, and establishing a welcoming environment.
- **The University of Florida Board of Trustees:** The University of Florida developed a fresh and healthy meal kit program to serve low-income families with food insecurity in four communities across three Florida counties. Each weekly meal kit included three recipe cards, the ingredients for those recipes, a nutrition handout, and a cooking tool.
- **Cabarrus Health Alliance:** Cabarrus Health Alliance, a public health authority in Cabarrus County, North Carolina, partnered with Meals on Wheels, the University of North Carolina Charlotte (UNCC), and three child care organizations in the county to reduce food insecurity among working parents with children by providing “Go-Go” bags, which are premade healthy dinners to parents during childcare pickup to decrease parents' stress and decision fatigue and improve families' nutrition.

Source: Healthier Food Access Grant.

The Walmart Foundation awarded the Urban Institute an evaluation grant through a competitive RFP to gather insights across the grant-funded projects to help inform broader efforts to address persistent food insecurity and barriers to accessing healthy food options for high-food insecurity communities. Box 2 describes the Urban Institute's role in developing cross-site insights from the grant programs.

BOX 2

Urban's Role in Assessing Healthier Food Access Pilots

During the Healthier Food Access grants, Urban convened grantees in group conversations, interviewed lead organizations and partners, conducted in-person site visits to four communities, and talked to residents in those communities. While the primary focus was on documenting implementation lessons and promising practices and partnerships emerging from the interventions, this learning process helped us to identify several areas where policy can make a difference for programs that are working to increase food access at the community level. Policymakers, advocates, and community leaders often ask how promising practices can be scaled—one answer is that policy matters and pilot projects can elevate ways that policy choices make progress easier or more challenging.

Policy Opportunities to Improve Healthy Food Access

If promising practices at the local level are to be replicated or scaled, then it is important to assess the policy opportunities or barriers that may influence their reach and effectiveness. Although public policy may have a role in many aspects of community-level initiatives focused on improving food security and healthy food access, in this brief, we examine four specific policy opportunities that emerged in recent community-based grant-funded projects:

1. expanding and sustaining funding for fruit and vegetable incentive programs for low-income households and others at high risk of food insecurity,
2. building the evidence base for integrating healthy food access into health care programs serving people at risk of food insecurity and other diet-sensitive conditions and bridging silos in policymaking that separate food and health policymaking;
3. bolstering the role of child care in addressing food insecurity and low access to healthy food, especially through home-based child care providers; and
4. supporting and expanding tribal food sovereignty in building healthy food access for Native communities.

Expanding and Sustaining Investments in Produce Incentive Programs

One way to improve communities' food access is to enable food-insecure households to purchase more fruits and vegetables than they could afford on their own, allowing them to consume a greater share of fresh produce in their diets, which can contribute to improved food security and health outcomes (Stanaway et al. 2022). Fresh fruits and vegetables are often more expensive than less healthy food items, and when families face a financial shock, they may be more likely to rely on cheaper, shelf stable alternatives or eliminate fresh foods from their diet (Rao et al. 2013). Research documents that food prices have an important influence on people's ability to afford healthier food; for example, one recent study documented that nearly two-thirds of participants in the Supplemental Nutrition Assistance Program (SNAP) cited affordability as a barrier to buying foods that are part of a healthy diet (USDA 2021).

Initiatives that seek to improve affordability through nutrition incentives have shown promising results in improving access to and consumption of produce (Olsho et al. 2016) and several of the grantees have experimented with the use of these incentives (see Box 1 for more details). Fruit and vegetable incentive programs typically use vouchers that can be redeemed for a specific quantity of fruits and vegetables or trigger matching funds up to a certain amount for families to acquire additional produce. Some produce incentive programs leverage SNAP or WIC dollars, while others use other grant funds to offer matching amounts for fruit and vegetable purchases for community members regardless of whether they participate in a federal nutrition program.¹ Overall, to support these programs,

policymakers could support sustainable funding sources, including increasing funding to the Gus Schumacher Nutrition Incentive Program (GusNIP).

CURRENT FUNDING LANDSCAPE FOR PRODUCE INCENTIVE PROGRAMS

A common challenge for produce incentive programs is securing sustainable funding that could facilitate healthy shopping choices by food-insecure and low-income households on an ongoing basis, rather than just for the limited duration and scope of a grant program. While research documents that the cost of fresh fruits and vegetables can depress fresh foods consumption among families with low incomes, federal funding for fruit and vegetable incentives has been patchworked and insufficient to reach all those who could benefit.

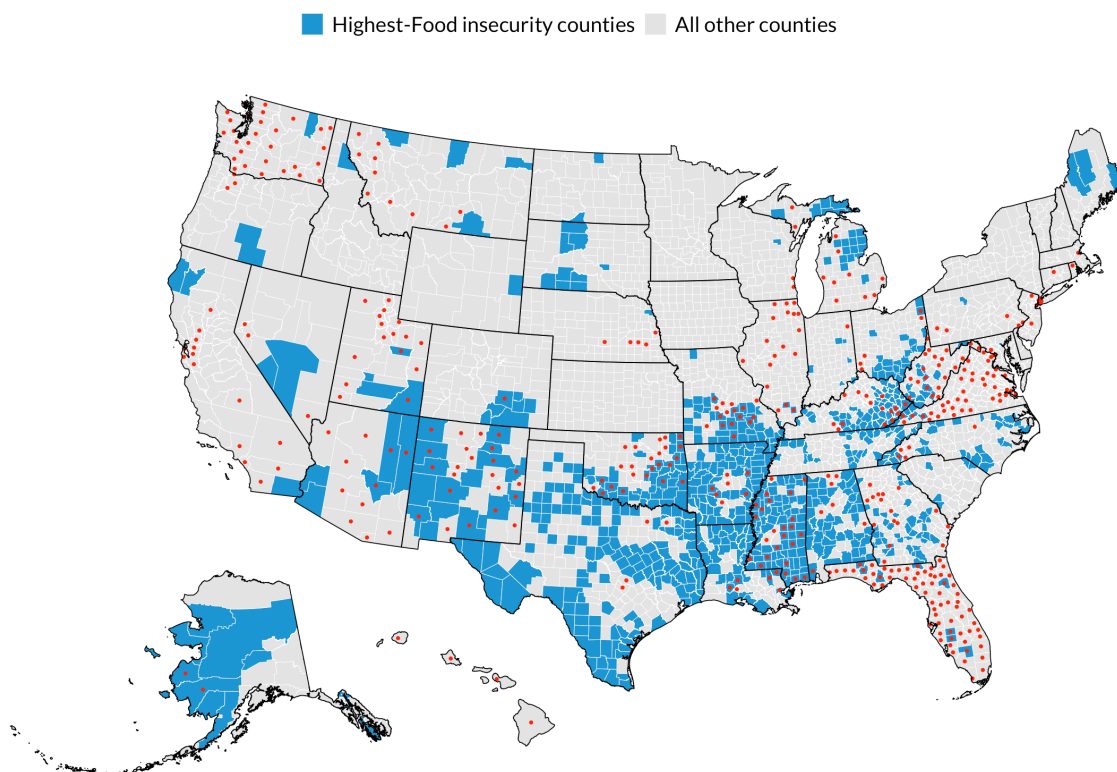
Federal funding to support healthy food purchases² has largely been distributed in two ways: (1) through programs targeted to encourage specific populations, such as seniors and families with young children participating in the Supplemental Nutrition Program for Women, Infants and Children (WIC) to make purchases at farmers' markets or similar outlets; and (2) through time-limited and geographic-specific grants, most notably through GusNIP. The population-specific programs funding produce incentives include the Senior Farmers' Market Nutrition Program³ and the Farmers Market Nutrition Program, which serves pregnant or postpartum women with children up to age 5 enrolled in WIC.⁴

While population-specific programs support healthy eating for populations with elevated risk of food insecurity, other households— such as households with older children or working-age adults—lack access to an established program to support fruit and vegetable purchases; though some households may be served by GusNIP grants. GusNIP grants, which are authorized through Farm Bill legislation roughly every five years and awarded competitively based on applications to USDA, can serve as an important resource for launching community-level initiatives but have several key limitations. Because they are grants, they are often time-limited and not available in many areas which limits their ability to fully reach households experiencing food insecurity.

As shown in figure 1, GusNIP grants do not reach many of counties in the US with the highest levels of food insecurity (top 25th percentile), leaving many communities facing elevated need without access to produce incentives. Additionally, GusNIP grants are limited in scope and can be challenging to apply for, especially for communities with limited resources. Even areas with the resources to successfully organize and support a GusNIP funding request will only typically secure federal grant funding for a limited window and for a capped amount as grant length and amounts range from 12 months for smaller pilot programs (\$100,000 or less) to 48 months for larger opportunities (up to \$500,000).⁵ Since GusNIP grant amounts are fixed, local communities are also not able to adapt their scale if the need increases significantly, as happened during the pandemic. Overall, current federal funding structures for produce incentive programs either target specific populations, or are limited in time and scope, limiting the capacity of current funding to support and advance healthy eating among families experiencing food insecurity.

FIGURE 1

County-Level Food Insecurity and Active GusNIP Locations, 2021



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Sources: Authors' calculations using merged data from Feeding America's *Map the Meal Gap* and data collected from the Gretchen Swanson Center for Nutrition and from grantee websites, GusNIP Grantees, "Nutrition Incentive Hub," accessed February 15, 2023, <https://www.nutritionincentivehub.org/grantee-projects>.

Notes: High-food insecurity counties are those in the top quartile of food insecurity prevalence distribution in 2021 (76–100th percentile). Low-food insecurity counties are those in the bottom three-quarters of food insecurity prevalence distribution (0–75th percentile). Red points on the map represent counties with at least one GusNIP grantee location active in 2021.

EXPANDING FEDERAL FUNDING FOR PRODUCE INCENTIVES

Changes to policies that support healthy food purchases, particularly fruits and vegetables, are necessary if low-income households across the country are to benefit from these evidence-based strategies. **In the short term, the upcoming expiration of the legislation that governs nutrition policy provides an opportunity to increase funding for programs funded through GusNIP.** While support for farmers' markets is an important priority for produce incentive programs, to maximize reach to communities and families experiencing food insecurity, priority should be given to ensuring incentives that can be widely redeemed at retail food outlets where most consumers shop. A national strategy document released in conjunction with the 2022 White House Conference on Hunger, Nutrition and Health calls for increasing access to nutrition incentives, specifically for SNAP participants who have limited incomes to purchase the food needed for an active, healthy life (The White House, 2022).

Policymakers could integrate produce incentives into existing federal nutrition programs like SNAP and WIC, rather than relying on grant programs. This approach would eliminate a core limitation of the current approach to improving healthy eating—access inequities for people. Even though food insecurity and diet-sensitive health conditions are widespread in the US, access to nutrition incentives is not available across all households in need and are overly dependent upon where people live.

Facilitating Integration of Healthy Food Access into Health Care Services

In addition to nutrition incentive programs, some of the grants awarded through the Healthy Food Access initiative tested produce prescription models. In these models, health care providers enroll patients at risk of food insecurity and/or chronic, diet-sensitive disease in a program that provides for regular access to free or discounted produce as a health-supporting strategy. These programs often include nutrition education to further promote healthy eating and help program participants manage their overall health. Similar to the nutrition incentive programs described above, a challenge for building capacity to deliver produce prescriptions on a larger scale is identifying sustainable sources of funding. Given the increasing awareness that “food is medicine”⁶ for a broad array of health conditions, there is strong interest in the food and nutrition sector to collaborate with the health care sector as a point of access for addressing food insecurity and a source of additional funding (Harrison and Salerno 2021). Similarly, the health care sector has become increasingly aware of the importance of social determinants of health and the value of partnering with organizations that offer expertise for tackling barriers to healthy food access and other basic needs. While the federal government is a major payor for health care services, particularly for seniors, low-income households, and veterans, there has been minimal federal funding to date for produce prescriptions. The GusNIP grant program has been the primary source of federal funding for improving access to healthy foods, although to date Congress has only authorized 10 percent of the total grant funds to be set aside for produce prescription projects.

DEVELOPING RIGOROUS EVIDENCE ON THE IMPACT OF PRODUCE PRESCRIPTIONS

Prior research indicates that produce prescriptions can reduce food insecurity and increase produce consumption (Ridberg et al. 2018; Jones et al. 2020; Bhat et al. 2021). Less is known about the potential effects on longer-term outcomes and health care expenditures, although modeling suggests well-designed programs could help reduce poor health outcomes and associated costs (Lee et al. 2019; Hager et al. 2022). **To make the case for expanded access to health care funding sources, there is need for a stronger evidence base developed through the use of rigorous research designs, such as those originally employed in the Healthy Incentive Pilot to test nutrition incentives through SNAP.** A better understanding of which produce prescription models may be most effective (e.g., what is the optimal “course of treatment” and what accompanying supports increase effectiveness) and which individuals may benefit the most from this strategy can lay the groundwork for broader-scale investments in the health care sector.

SUPPORTING PRODUCE PRESCRIPTIONS THROUGH MEDICAID TO ADDRESS CHRONIC HEALTH CONDITIONS

There is growing interest in leveraging Medicaid (federal funds or state plans) to support produce prescription programs and other healthy food access strategies for addressing diet-related disease and chronic health conditions among patients. In addition to limited evidence on longer-term outcomes, another barrier to expanding the coverage for health care-related food interventions is that federal laws and regulations governing Medicaid and Medicare don't require coverage of nutrition interventions. In the near term, it is likely that innovation in supporting patients with healthy food access and produce prescription programs will be governed through individual states and health plan choices, which can be facilitated by the use of policy flexibility (Garfield et al. 2020).

This is a widely supported approach, as the White House Conference on Hunger, Nutrition and Health strategy document identified produce prescriptions, along with other food as medicine strategies like medically tailored meals, as an area for expansion. **One mechanism advocated by the Biden administration is expansion of Medicaid Section 1115 demonstration waiver authority to facilitate state produce prescription pilots.** The Centers for Medicare and Medicaid Services have recently expanded state flexibilities to test coverage of health-related social needs in Medicaid, including nutrition supports, through Section 1115 waiver demonstrations.⁷ These demonstrations include a required evaluation component, which will further expand the evidence base for using health care dollars to improve access to healthy food. One recent example of the use of Section 1115 demonstrations to support healthy food access is North Carolina's initiative to provide eligible Medicaid members with nutrition classes, food boxes, and diabetes prevention programming (North Carolina Department of Health and Human Services 2023).

Another option for states is a provision called "in lieu of services," which enables states to cover medically appropriate and cost-effective alternatives to clinical services through Medicaid managed care, including a range of services designed to address social determinants of health. One example of this approach has been adopted in California, where managed care companies can offer beneficiaries 14 types of "community supports," one of which is medically tailored meals.

Further development of produce prescriptions and "food as medicine" models will also benefit from intentional collaboration between USDA and other federal agencies that direct public health strategies and health insurance programs (State of California Health and Human Services Agency 2023), including the US Department of Health and Human Services and the Centers for Medicare and Medicaid Services. An integrated strategy for accelerating sustainable access to healthy foods should be a priority across the federal government to make it easier for states and localities to meet the needs of their communities.

Expanding Access to and Responsiveness of the Child and Adult Care Food Program

Two grant programs funded through Healthier Food Access grants included collaborations with child care providers to reach families with young children who experience higher rates of food insecurity than

the overall population.⁸ However, efforts to improve healthy food access through child care can be limited because of challenges in the administration of the Child and Adult Care Food Program (CACFP) that limit the ability of home-based child care providers to access low-cost healthy foods to serve to children in their care.

CACFP is a federally funded program administered by states that provides reimbursement for meals and snacks offered at participating child care centers and home-based child care (HBCC) settings, among others.⁹ HBCC providers often care for infants and toddlers, children in rural communities, and children whose parents work jobs that have nontraditional hours that don't align well with child care center operating hours, allowing them to uniquely meet the needs of families underserved by more traditional child care centers (Henly and Adams 2018). Despite the fact that they are an important child care option for many families in the US, the participation rates of HBCC providers in CACFP are particularly low (Adams and Hernandez-Lepe 2021).

There may be multiple reasons for HBCC providers' lack of participation in CACFP, including perceptions that the administrative process is burdensome, a lack of sponsoring organizations to recruit and support provider enrollment in the program, especially in less urban areas, and challenges in understanding and meeting meal pattern requirements (Erinosho et al. 2022). Other research suggests that the lack of access to materials in multiple languages to meet the needs of lower-literacy providers is a barrier, a challenge confirmed in the efforts of the Hmong American Farmers Association (HAFA), one of the grantees, to increase connections to CACFP for Hmong child care providers (Heinz et al. 2022). Working with state and federal agencies to enhance their awareness of culturally appropriate meal patterns that qualify for reimbursement and developing a culturally aware support structure to help guide immigrant providers through the program application process also emerged as important needs in HAFA's work (Kuhns et al. 2021). **Overall, policymakers could support HBCCs in accessing CACFP and expanding healthy food access for children in their care by providing application materials in multiple languages and across literacy levels, expanding meal patterns that qualify for reimbursement, and providing application support and guidance to HBCCs.**

Evolving Federal Programs to Better Support Indigenous Food Sovereignty and Food Security

Two of the eleven Healthier Food Access grant projects are tribal-led initiatives focused on addressing food insecurity and healthy food access gaps in their communities. Native communities have long worked to overcome the deep and persistent disadvantage due to US government policies that promoted settler-colonialism, land theft and forced relocation, extraction of resources, and other deliberate policy choices that have undermined tribal sovereignty, disrupted traditional tribal foodways, and contributed to poor health outcomes (McKinley and Jernigan 2023; Maillacheruvu 2022). These policy choices have erected stark barriers to food access that are unique to tribal communities and require attention to support and expand upon tribal, local, and federal efforts to ensure equitable access to healthy, affordable, and culturally relevant foods.

Recent estimates suggest that one in five Native individuals experience food insecurity,¹⁰ although a recent review of studies found food insecurity rates ranging from 16 to 80 percent (Nikolaus et al. 2022). Research conducted by the Native American Agriculture Fund and partners suggest that the Native food insecurity rate was more than one in two during the pandemic (Stanger-McLaughlin et al. 2021). While these household-level statistics demonstrate the extent of food insecurity in Native communities, they don't tell the full story of Native food security, which is best understood from a communal lens. A recent report from the First Nations Development Institute describes Native food security as concerning "both the physical and spiritual nourishment of the family, household, tribe, clan, community, place, land, and the foods themselves (Elm-Hill, Webster, and Allen 2023)." More broadly, this definition reflects broader concepts of food sovereignty that are central to the priorities articulated by Native communities. These concepts include, but are not limited to, a focus on tribal nations' ability to define local food systems, including production, distribution, and consumption, in ways that support community involvement, relational responsibilities to the food environment, cultural relevance, and self-determination (Jernigan et al. 2021).

EXPANDING ACCESS TO TRADITIONAL NATIVE FOODS IN FDPIR AND INCREASING TRIBAL SOVEREIGNTY OVER NUTRITION PROGRAMS

Although provisions in the 2018 Farm Bill advanced opportunities to increase Native food security and sovereignty, these represent only the beginning of meaningful reforms Native communities are seeking in the ways that federal nutrition programs interact with them (Parker and Griffith Hotvedt et al. 2023). One area targeted for change has been the Food Distribution Program on Indian Reservations (FDPIR), which ships domestically sourced foods to Indian Tribal Organizations and state agencies that administer the program and facilitate food package delivery and pickup for participants. Historically, the FDPIR program has sourced foods with little or no Native input that are not tailored to tribes' diverse cultures and diets. While FDPIR was intended to provide a valuable lifeline to tribal citizens in areas with constrained access to grocery stores, it has been deeply criticized for early reliance on processed foods that further disrupted Native food traditions and contributed to less healthy diets and poor health outcomes (Mucioki et al. 2018; Adakai et al. 2018).

Although FDIPR has recently integrated more traditional Native foods into food packages, these offerings are standard across all 276 participating tribes, all of whom have distinct and diverse cultures and diets. Given vast diversity in tribal diets, the importance of food to many tribal cultures, and the elevated need for greater tribal sovereignty in programs, many tribal communities have sought to exercise their own control over FDPIR. The 2018 Farm Bill authorized a demonstration project to permit tribes to directly source domestically produced foods for the program, enabling tribes to focus on more local and culturally relevant food sources. The Little Traverse Bay Band of Odawa Indians, one of the partners in the Inter-tribal Council of Michigan grant funded by the Walmart Foundation, is one of the first FDPIR programs to be awarded this new type of contract (often referred to as a 638 contract or self-determination contract). The Little Traverse Bay Band of Odawa Indians finds that 638 contracting has helped support tribal sovereignty and connect citizens with traditional foods that fit into their culture. Broader use of this authority in USDA programs will require further legislative change because the original authorizing legislation specifically focused on the US Department of Health and

Human Services and the Department of Interior¹¹ (Public Law No. 93-638, 88 Statute 2203) and did not specifically address other federal agencies. Despite these legislative hurdles, **expanding funding for and authorization of 638 contracts in FDPIR provides a concrete opportunity to expand tribal food sovereignty and restore tribal citizens' connections with traditional foods.**

ENABLING TRIBAL CITIZENS TO BE DUAL-ELIGIBLE FOR SNAP AND FDPIR

Another priority for tribes is to end the prohibition on Native household participation in both FDPIR and SNAP in the same month (Park and Griffith Hotvedt et al. 2022). Currently, tribal citizens eligible for both SNAP and FDPIR must apply and receive only one of the two programs in a given month. This results in some tribal citizens facing high levels of administrative burden, as they apply for and churn on and off each program, which can leave them disconnected at times from essential food supports. Further, the prohibition between participating in both SNAP and FDPIR at the same time stands in stark contrast to other federal nutrition policies, which allow SNAP participants to also access direct food distributions through programs like The Emergency Food Assistance Program or TEFAP, which provides a significant contribution of food distributed by food banks, food pantries, and other organizations in the US. Importantly, tribal nations cannot currently manage TEFAP contracts, which means that tribal nations receive fewer opportunities and resources to meet their citizens' food access needs. **By allowing eligible tribal citizens to access both SNAP and FDPIR and giving tribal nations the option to operate TEFAP, policymakers can ensure that Native communities facing food insecurity are not left with fewer and inequitable resources to meet their communities' food needs.**

Finally, Native communities continue to highlight a broader set of goals beyond immediate changes to federal nutrition programs, in keeping with their broader definition of food security and food sovereignty. Many of these are centered on the root causes of food insecurity in Indian country and seek better support for Native producers and other economic development needs (Parker and Hotvedt et al. 2022).

Looking to the Future: Supporting Healthy Food Access through Policy Change

Community-based initiatives provide fertile laboratories for testing ways to increase healthy food access, improve community health, and address persistent inequities in the food system. In addition to providing insights on promising practices and partnerships, community-based projects also can illuminate areas where federal and/or state policy may facilitate or limit opportunities to reduce food insecurity and build more resilient food systems. Policies that affect incentives for healthy food access, integration of food access initiatives with the health care system, capacity of child care providers to support access to healthy foods, and the strengthening of indigenous food security and food sovereignty are among the key themes that emerged over the course of these community grants. Connecting practice and policy improvements is a critical part of maximizing the potential of community innovation to disrupt food insecurity and improve public health.

We have identified several specific policy opportunities to increase healthy food access:

- **Significantly increase the investment in nutrition incentive programs** and commit to permanent inclusion of nutrition incentives for purchasing fruits and vegetables for all SNAP and WIC participants.
- **Invest federal dollars in rigorous research designs to build a stronger evidence base for scaling produce prescription programs**, similar to that used to assess the impact of the Healthy Incentive Program in SNAP.
- **Leverage Medicaid policy flexibility and build an intentional collaboration between USDA and federal health agencies to remove policy barriers to integrating produce prescriptions and related models** into health care services to support healthy food access for patients with diet-related disease.
- **Strengthen the ability of CACFP to support more child care providers in offering healthy foods, particularly those in the home-based child care sector by expanding the languages offered in the application process**, expanding the set of reimbursable meals to account for different cultures, and providing capacity-building support to CACFP applicants.
- **Expand tribal sovereignty in managing federal nutrition programs and remove the requirement for Native individuals to choose between participating in SNAP and FDPIR** during the same month.

The upcoming expiration of laws governing an array of nutrition assistance programs provides a key policy window for advancing some of these changes, while others require more intentional bridging between the USDA, federal health agencies, and Congress to integrate food policy into health care and public health. All of them require a stronger commitment to changing the narrative of persistent food insecurity and health disparities in the US.

Notes

- ¹ “About the Nutrition Incentive Hub,” GusNIP NTAE Center (Gus Schumacher Nutrition Incentive Program and Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center), accessed June 12, 2023, <https://www.nutritionincentivehub.org/about/nutrition-incentive-hub>.
- ² “Seniors Farmers’ Market Nutrition Program,” USDA (US Department of Agriculture), accessed June 12, 2023, <https://www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program>.
- ³ “Seniors Farmers’ Market Nutrition Program,” <https://www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program>.
- ⁴ “Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),” USDA (US Department of Agriculture Food and Nutrition Service), accessed June 12, 2023, <https://www.fns.usda.gov/wic#:~:text=The%20WIC%20program%20aims%20to,and%20referrals%20to%20health%20care>.
- ⁵ “The Gus Schumacher Nutrition Incentive Program - Nutrition Incentive Program,” USDA (US Department of Agriculture and National Institute of Food and Agriculture), accessed June 12, 2023,

<https://www.nifa.usda.gov/grants/funding-opportunities/gus-schumacher-nutrition-incentive-program-nutrition-incentive-0>.

- 6 “Food is Medicine Research Action Plan,” Aspen Institute, accessed July 27, 2023. <https://www.aspeninstitute.org/programs/food-and-society-program/food-is-medicine-project/>.
- 7 Mindy Lipson and Cindy Mann. “CMS Approves Groundbreaking Section 1115 Demonstrations.” *The Commonwealth Fund* (blog), December 7, 2022, <https://www.medicaid.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf>; https://www.commonwealthfund.org/blog/2022/cms-approves-groundbreaking-section-1115-demonstrations?utm_source=alert&utm_medium=email&utm_campaign=Improving+Health+Care+Quality.
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