American Heart Association

Nutrition Impact Statement

$3.8 trillion

chronic diseases account for 90% of annual healthcare costs

47.8%

almost half of all Americans consume unhealthy diets

1 OUT OF 10

One in ten adults meet the DGAs for fruits, vegetables, and whole grains.

Introduction:

Chronic diseases, including diabetes, cardiovascular disease (CVD), and many types of cancer are some of the leading causes of death in the United States (U.S.) and account for 90% ($3.8 trillion) of annual health care costs.[1] Cardiovascular disease alone accounts for almost 900,000 deaths annually and is the leading cause of death in the U.S.[2] It is estimated that nearly half (126.9 million) of all Americans have at least one form of CVD (i.e., coronary heart disease, stroke, heart failure, or hypertension).[3]

An unhealthy diet, characterized by a high intake of calories, sodium, added sugars, and saturated fats, and low intake of vegetables, fruits, and whole grains, contributes to the development of the leading risk factors of chronic diseases, including obesity, hypertension, and prediabetes. Almost half (47.8%) of all Americans consume unhealthy diets, with higher rates found among Black (55.5%) and Mexican American households (48.8%) due to societal, systemic, and historical inequities.[4] Only one in ten adults meet the Dietary Guidelines for Americans (DGAs) recommendations for fruits, vegetables, and whole grains.[5] Given the connection between diet quality and chronic diseases, the American Heart Association (AHA) is prioritizing the implementation of strategies to improve diet quality and food access in the U.S.

AHA is committed to creating an equitable, sustainable food system that ensures nutrition security for all. For decades, AHA has worked on policy priorities across the food system to improve nutrition security.

Nutrition Security:

Having equitable and stable availability, access, affordability, and utilization of foods and beverages that promote well-being and prevent and treat disease.

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 the food supply;**
- updating the **Dietary Guidelines for Americans;**
- expanding policies in the farm bill to **improve diet quality and protect access to programs;**
- updating **school food nutrition standards** to align with the Dietary Guidelines for Americans;
- expanding **healthy school meals for all;**
- updating **the Special Supplemental for Women, Infants, and Children (WIC) food package** to align with the Dietary Guidelines;
- developing a **directed, standardized, comprehensive front-of-package food labeling program and icon system;** and
- ensuring appropriations legislation includes policies that **advance nutrition security** and do not contain policies that would harm diet quality and health.

[1] Tsao CW, Aday AW, Almarzooq ZI, Alonso A, Beaton AZ, Bittencourt MS, Boehme AK, Buxton AE, Carson AP, Commodore-Mensah Y, Elkind MSV, Evenson KR, Eze-Nliam C, Ferguson JF, Generoso G, Ho JE, Kalani R, Khan SS, Kissela BM, Knutson KL, Levine DA, Lewis TT, Liu J, Loop MS, Ma J, Mussolino ME, Navaneethan SD, Perak AM, Poudel R, Rezk-Hanna M, Roth GA, Schroeder EB, Shah SH, Thacker EL, VanWagner LB, Virani SS, Voecks JH, Wang N-Y, Yaffe K and Martin SS. Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association. Circulation. 2022;145:e153-e639.
[2] Virani SS, Alonso A, Aparicio HJ, Benjamin EJ, Bittencourt MS, Callaway CW, Carson AP, Chamberlain AM, Cheng S, Delling FN, Elkind MSV, Evenson KR, Ferguson JF, Gupta DK, Khan SS, Kissela BM, Knutson KL, Lee CD, Lewis TT, Liu J, Loop MS, Lutsey PL, Ma J, Mackey J, Martin SS, Matchar DB, Mussolino ME, Navaneethan SD, Perak AM, Roth GA, Samad Z, Satou GM, Schroeder EB, Shah SH, Shay CM, Stokes A, VanWagner LB, Wang NY and Tsao CW. Heart Disease and Stroke Statistics-2021 Update: A Report From the American Heart Association. Circulation. 2021;143:e254-e743
[3] Tsao CW, Aday AW, Almarzooq ZI, Alonso A, Beaton AZ, Bittencourt MS, Boehme AK, Buxton AE, Carson AP, Commodore-Mensah Y, Elkind MSV, Evenson KR, Eze-Nliam C, Ferguson JF, Generoso G, Ho JE, Kalani R, Khan SS, Kissela BM, Knutson KL, Levine DA, Lewis TT, Liu J, Loop MS, Ma J, Mussolino ME, Navaneethan SD, Perak AM, Poudel R, Rezk-Hanna M, Roth GA, Schroeder EB, Shah SH, Thacker EL, VanWagner LB, Virani SS, Voecks JH, Wang N-Y, Yaffe K and Martin SS. Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association. Circulation. 2022;145:e153-e639.
[4] Tsao CW, Aday AW, Almarzooq ZI, Alonso A, Beaton AZ, Bittencourt MS, Boehme AK, Buxton AE, Carson AP, Commodore-Mensah Y, Elkind MSV, Evenson KR, Eze-Nliam C, Ferguson JF, Generoso G, Ho JE, Kalani R, Khan SS, Kissela BM, Knutson KL, Levine DA, Lewis TT, Liu J, Loop MS, Ma J, Mussolino ME, Navaneethan SD, Perak AM, Poudel R, Rezk-Hanna M, Roth GA, Schroeder EB, Shah SH, Thacker EL, VanWagner LB, Virani SS, Voecks JH, Wang N-Y, Yaffe K and Martin SS. Heart Disease and Stroke Statistics—2022 Update: A Report From the American Heart Association. Circulation. 2022;145:e153-e639.
[5] Lee SH, Moore LV, Park S, Harris DM and Blanck HM. Adults Meeting Fruit and Vegetable Intake Recommendations -United States, 2019. MMWR Morb Mortal Wkly Rep. 2022;71:1-9.

Meet a Survivor: 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.

Meet an Advocate: 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 recognized that access to quality, nutritious food is not available to everyone, and many people need assistance to access food in general. This experience influenced me to become an advocate and help curb food and nutrition insecurity in my community. Currently, Arkansas ranks as the state with the second highest rate of food insecurity – the same as it did twelve years ago.

In my role as an advocate, I am working to improve the future of not only my community but communities across the nation by educating others on how they can play a positive role in improving the food and nutrition insecurity crisis. Through my advocacy work, I have organized and participated in food drives across Arkansas, serving over 20,000 meals; spoken with civic organizations, schools, and legislators about the significance of fighting food and nutrition insecurity in Arkansas; and curated support materials for food drives and created community specific pamphlets that provide education on local resources in high traffic areas (churches, county health offices, emergency rooms, etc.).

As an official partner and advocate for AHA and the Arkansas Hunger Relief Alliance, I have participated in and organized COVID-19 food relief programs, including Operation Full Bellies, Cori's Caring Christmas, Thanksgiving food drives, and more. On the hill, I have advocated in support of Arkansas Senate Bill 306 that addressed access to healthy food and testified in support of Arkansas Senate Bill 308/477 on behalf of the AHA (law as of April 2023).

As I continue to advocate within the nutrition space, I hope to see a greater emphasis on nutrition assistance programs in our country. The next generation of Arkansans and Americans deserve equitable access to quality, nutritious food. The best place to start to achieve this is in our school systems. Through healthy school meals for all, we can provide students with access to free, nutritious meals all year. The bill that I testified for in Arkansas recently became law and will now allow all students who are eligible for reduced price school meals to receive free school meals. Legislation like this pave the way for all students to be successful without the stressors of being hungry while in school.

Nutrition Wins Over the Years at the Federal, State, and Local Levels

Since AHA established a federal advocacy office in 1981, improving food and nutrition security has been a priority. While AHA only recently (May 2022) developed a definition for nutrition security, the advocacy department has always focused on expanding and strengthening food policies and programs in the U.S. to improve the heart health of all. Federal level wins over the years are summarized in the milestones on the next page and include the creation of the Nutrition Facts Label, the removal of *trans* fat from the food supply, updates to the school meal nutrition standards, the addition of calorie counts to restaurant menus, and the development of sodium reduction targets for the food industry.

AHA added nationwide state and community dedicated advocacy staff in 1998. Since 2011, state and local staff have assisted in the passage of over 170 policies including developing healthier default beverages and improved nutrition standards in restaurant kids' meals, healthy school meals for all in several states, improving SNAP access and appropriations, and improving water access and quality in schools. In 2013, AHA joined with the Robert Wood Johnson Foundation to create Voices for Healthy Kids, an initiative to reverse the childhood obesity epidemic.

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:

FUNDING
14+
GRANTS
focused on **SNAP expansion** and **funding campaigns**

FUNDING
26+
GRANTS
for **SNAP incentive campaigns**

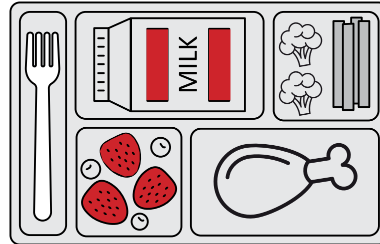
SUPPORTING
40+
successful state and local **SNAP policies**

SECURING OVER
$95 million
in state and local **SNAP incentive appropriations**

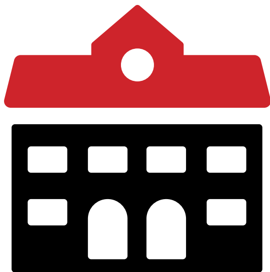
Since the advocacy department was established in 1981, AHA has led or actively engaged in hundreds of nutrition-related campaigns at the state and local levels.

We ran 156 Successful Advocacy Campaigns at the State and Local Level from FY2021-22 Addressing:

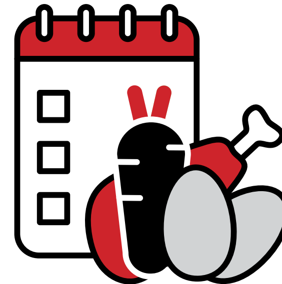
Healthier Options at Restaurants (Kids' Meals)



School Meals Nutrition Quality

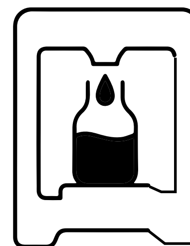


Healthy School Meals for All

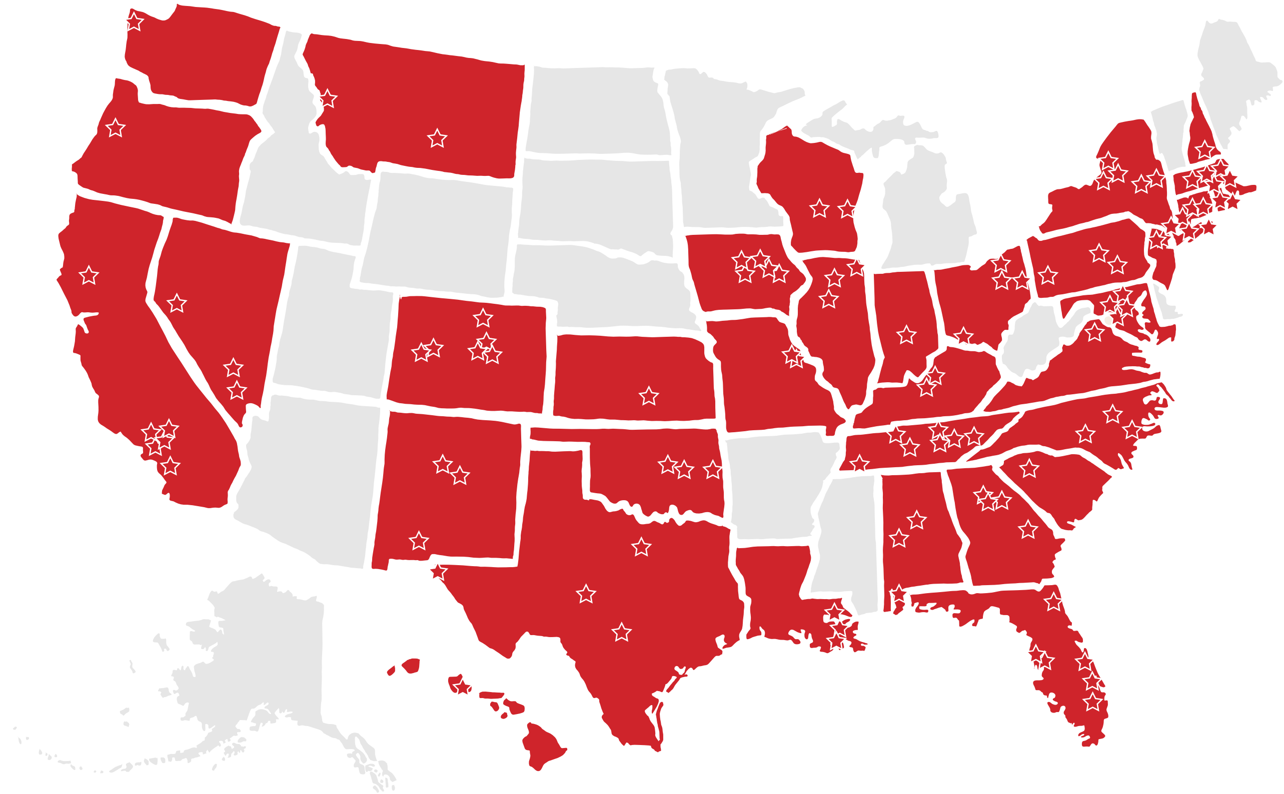


SNAP Access

SNAP Incentives



Water Bottle Refilling Stations in Schools



Preemption

Local governments are uniquely positioned to meet the needs of the people in their communities. Some states are imposing laws that prevent or restrict local governments from acting on issues that are important to their constituents. When states block local elected officials from passing laws, it denies communities the ability to act in the best interests of their residents and can place the equitable health and well-being of residents at risk.

In recent years, use of preemption has increased dramatically and extended to a greater number of issues including sugary drink taxes and other food or nutrition policies. As of 2018, 14 states have passed nutrition-related preemption laws, including four that preempt sugary drink taxes.

The American Heart Association is working to prevent states from blocking local actions that promote health, well-being, and equity. AHA has defeated preemption in several states including, defeating sugary drink tax preemption in New Mexico, Oregon, Arizona, Nebraska, and Pennsylvania.

Milestones:

1933

The first farm bill, The Agricultural Adjustment Act, is signed into law.

1938

Congress passes the Federal Food, Drug, and Cosmetic Act (which remains the underlying law authorizing FDA).

1939

The first food stamp program is launched.

1943

The first USDA diet guide, the Basic 7, is released and urges Americans to eat a balanced diet during wartimes.

1946

The National School Lunch Act is signed into law, which created the school lunch program.

1964

The 1964 Food Stamp Act expands the food stamp program and makes it permanent.

1966

The Fair Packaging and Labeling Act is signed into law. The act requires all consumer products in interstate commerce to be honestly and informatively labeled, with FDA enforcing provisions on foods, drugs, cosmetics, and medical devices.

1966

The Child Nutrition Act is signed into law, which creates the school breakfast program.

1969

The first White House Conference on Food, Nutrition, and Health leads to critical changes in federal nutrition programs such as food stamps and school meals programs; and leads to the creation of WIC a few years later.

1972

Authorization of the pilot for the Special Supplemental Food Program for Women, Infants, and Children, which later becomes a permanent program in 1974.

1975

The National School Breakfast Program is permanently authorized.

1977

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.

1980

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

1981

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

1990

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

1990

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

1994

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.

1994

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.

1997

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

2004

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

2004

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.

2006

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.

2009

The Institute of Medicine issues science-based recommendations for nutrition standards for school meals.

2009

AHA develops a scientific statement on *Dietary Sugars Intake and CVD.*

2010

The Healthy, Hunger-Free Kids Act is signed into law and empowered USDA to update the nutrition standards for all foods sold in schools, increased reimbursement for schools that meet the updated nutrition standards, and created the Community Eligibility Program, which allows schools that meet a certain threshold to provide free meals to all children.

2010

As part of the Patient Protection and Affordable Care Act, national menu labeling is signed into law, requiring restaurants or similar food establishments that are part of a chain to post calorie information.

2010

AHA develops a conference report on *Translation and Implementation of Added Sugars Consumption Recommendations.*

2011

The FDA Food Safety Modernization Act provides FDA with new enforcement authorities related to food safety standards, gives FDA tools to hold imported foods to the same standards as domestic foods, and directs FDA to build an integrated national food safety system in partnership with state and local authorities.

2012

USDA releases the first major update to nutrition standards for school meals (breakfast and lunch) in 15 years, requiring more fruits, vegetables, and whole grains, and setting limits on sodium, saturated and trans fats, and calories.

2013

USDA establishes the first set of comprehensive nutrition standards for all foods sold in schools outside of the National School Lunch and School Breakfast Programs, including foods sold in à la carte lines, vending machines, school stores, and snack bars.

2013

AHA and American College of Cardiology (ACC) develop *Guidelines on Lifestyle Management to Reduce CVD* which includes sodium guidelines for adults.

2014

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

2015

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.

2015

The eighth edition of the Dietary Guidelines for Americans is released and includes a quantitative recommendation for added sugars (less than 10% of total calories) for the first time.

2016

USDA updates the nutrition standards for the Child and Adult Care Food Program (CACFP). These are the first major updates since the program was created in 1968.

2016

FDA updates the Nutrition Facts label. The new labels prominently display the number of calories, the serving size, and the number of servings per container. The new label also – for the first time ever – lists the amount of added sugars and lowers the Daily Value for sodium. Food packages are required to begin using the new label by July 2018 (large companies) or July 2019 (smaller companies). The compliance date is later delayed until January 2020 and January 2021, respectively.

2016

AHA releases a scientific statement on *Added Sugars and CVD Risk in Children*.

2018

USDA revises the nutrition standards for the National School Lunch and School Breakfast Programs, weakening the standards for sodium, whole grains, and flavored milk. In 2020, a court vacates the USDA rule due to a procedural error.

2018

Restaurants are required to include calorie information on their menus and make additional nutrition information available upon request.

2018

The 18th farm bill, the Agriculture Improvement Act, is signed into law, which expands the Gus Schumacher Nutrition Incentive Program (GusNIP) by increasing funding, making the funding mandatory, and creating a center of excellence to provide research, evaluation, and technical assistance. USDA is directed to regularly update the Thrifty Food Plan.

2019

AHA and American Academy of Pediatrics (AAP) publish *Public Policies to Reduce Sugary Drink Consumption in Children and Adolescents*.

2020

Congress authorizes $3 trillion in coronavirus relief through four major pieces of federal legislation which addresses several of AHA's priorities related to child nutrition and food security, medical research, public health infrastructure and data, access to care, and relief for the nonprofit sector.

2020

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.

2021

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.

2022

AHA joins the Center for Science in the Public Interest and the American Public Health Association and files a citizen petition with USDA calling on the Department to limit added sugars in the National School Lunch and Breakfast Programs and the competitive foods program.

2022

USDA releases updated nutrition standards for the National School Lunch and School Breakfast Programs. The rule sets temporary standards for the 2022-2023 and 2023-2024 school years, intended to help schools transition back to normal operations post the COVID-19 pandemic.

2022

AHA releases its policy statement on nutrition security, entitled *Strengthening US Food Policies and Programs to Promote Equity in Nutrition Security,* which will shape AHA's nutrition policy agenda for years to come.

2022

The White House holds the second White House Conference on Hunger, Nutrition, and Health. At the Conference, President Biden announces a joint commitment between the Rockefeller Foundation and the AHA, in partnership with Kroger, to build a national Food Is Medicine Research Initiative.

2023

The White House holds a follow-up event to the previous year's Conference on Hunger, Nutrition, and Health to encourage the private sector to make more commitments to improving healthy eating and physical activity.

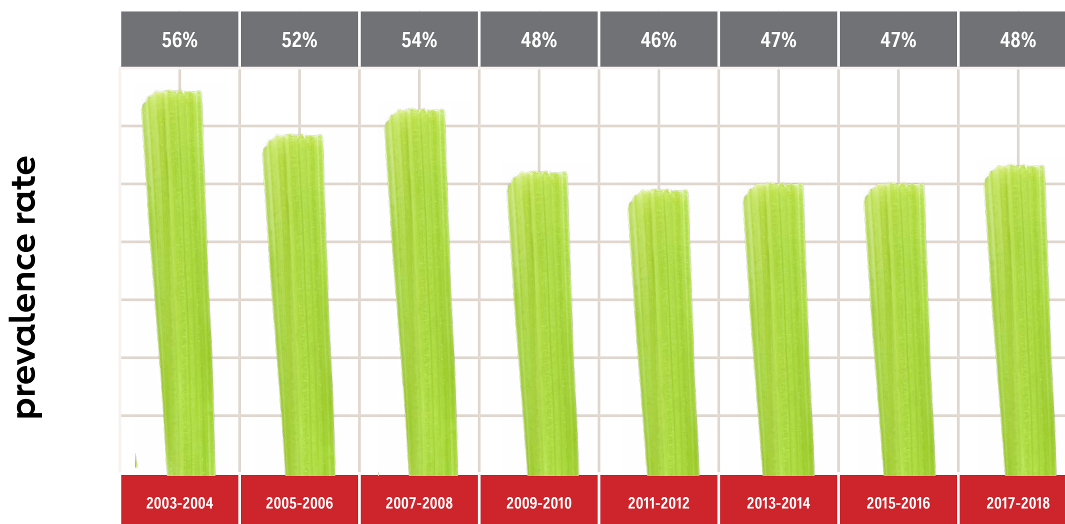
Food Insecurity in the U.S.

1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
10.2	10.1	10.5	10.1	11.1	11.2	11.2	11.9	11	10.9	11.1	14.7	14.5	14.9	14.5	14.3	14	12.7	12.3	11.8	11.1	10.5	10.5	10.2

prevalence rate

Trends in prevalence of food insecurity across the United States

Dietary Quality in the U.S.



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

Graph 1: Food security in the United States. USDA ERS - Food Security in the United States. (n.d.). https://www.ers.usda.gov/data-products/food-security-in-the-united-states/

Graph 2: Liu, J., Micha, R., Li, Y., & Mozaffarian, D. (2021). Trends in food sources and diet quality among us children and adults, 2003-2018. JAMA Network Open, 4(4). https://doi.org/10.1001/jamanetworkopen.2021.5262

A recent study found that **61% OF SNAP PARTICIPANTS** viewed the cost of healthy food as a barrier to the adequacy of SNAP benefits.[1]

Key Federal Accomplishments

Through the past several decades, the American Heart Association and its partners have worked to strengthen and expand federal level nutrition policies and programs.

Farm Bill

AHA has weighed in on the last several iterations of the farm bill. The 2014 farm bill mandated a pilot to test retail food stores to accept SNAP benefits through online transactions in a few states before nationwide implementation. The SNAP Online Purchasing Pilot allowed households in participating states to use their SNAP benefits to buy groceries online from authorized, participating retailers. In 2019, the pilot launched in eight states starting with New York and was quickly expanded nationally in 2020 as a response to the COVID-19 pandemic. By June 2023, all 50 states and the District of Columbia were participating.

[1] Gearing M, Dixit-Joshi S and May L. Barriers That Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments: Survey Findings. 2021.

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 authorized $250 million in mandatory funding over five years to conduct and evaluate nutrition incentive and produce prescription programs to SNAP participants. $25 million of this is allotted to produce prescription programs over five years.

During the 2018 farm bill, USDA was mandated to update the Thrifty Food Plan, a compromise to aligning SNAP with the Low-Cost Food Plan, a more accurate representation of household food expenditures. In 2021, one of the first actions of the new Biden administration directed USDA to prioritize updating the Thrifty Food Plan to reflect the current cost of food and other economic and social factors. With this update, there was a permanent 21% increase in the maximum benefit for SNAP recipients that started in October 2021.

Child Nutrition

For more than two decades, AHA has been at the forefront advocating for strengthening nutrition standards in schools and expanding access for school meals programs. In that time, AHA dedicated significant resources to various campaigns, amounting to significant press coverage, hundreds of meetings, and thousands of letters sent to Congress and USDA; participating in White House and USDA events; helping draft legislation; receiving an appointment to the Institute of Child Nutrition Advisory Board; and becoming an allied partner with USDA in technical assistance and training.

2008/2010

The Institute of Medicine completes its review of the food and nutritional needs of school-age children, and issues two reports recommending updates to the nutrition standards for school meals.

2010

The bipartisan Healthy, Hunger-Free Kids Act (HHFKA) is signed into law. HHFKA directs USDA to update the national nutrition standards for school meals and other foods sold in schools throughout the school day.

2012

USDA releases a final rule to update the meal patterns and nutrition standards for School Lunch and Breakfast Programs to align them with the Dietary Guidelines for Americans.

2013

USDA releases an interim final rule to establish nutrition standards for 'competitive' foods and beverages, such as items sold via vending machines, snack bars, school stores, and fundraisers during school hours. The updated food standards help improve the nutritional quality of competitive foods and beverages sold throughout the school day, outside of the school meals programs. The rule was later issued in final form in 2016.

2014

Dr. Stephen Cook, AHA volunteer, testifies before the Senate Agriculture, Nutrition & Forestry Committee on the importance of strong nutrition standards for school meals. The AHA successfully fought to defeat a rider in 2014 during the agriculture appropriations debate that would have eliminated the nutrition standards and worked tirelessly for more than a decade to mitigate damage from target riders for specific foods and nutrients.

2016

USDA releases a final rule that updates the Federal Child and Adult Care Food Program (CACFP) meal pattern requirements. The rule requires centers and programs participating in CACFP to serve more whole grains, a wider variety of fruits and vegetables, and reduce the amount of added sugar and fat in meals. This rule was intended to strengthen the program to better meet children's nutritional needs without increasing the cost of the program.

2018

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 response to these roll backs, several states sued the Trump administration, and AHA led the amicus brief in the lawsuit that would eventually vacate the rule.

2022

The AHA, the Center for Science in the Public Interest, and the American Public Health Association **file a petition with USDA calling for the creation of an added sugars standard in the school meals and competitive foods programs.**

2022

USDA releases a final rule that establishes new "transitional" or temporary nutrition standards for school years 2022-2023 and 2023-2024 for the National School Lunch Program and School Breakfast Programs.

2023

USDA releases a proposed rule on school meals nutrition standards. The proposed rule includes a new added sugars standard and is the next step in an ongoing effort to strengthen school meals, advance USDA's commitment to nutrition security, and ensure that school meals continue to provide the best possible meals for the nation's children.

Strong nutrition standards and **healthy school meals for all** positively impacts students' academic performance; improves students' attendance; helps school food service budgets; reduces food insecurity among students from families with low income; and increases diet quality among students.[2]

[2]Cohen, J. F., Hecht, A. A., McLoughlin, G. M., Turner, L., & Schwartz, M. B. (2021). Universal School meals and associations with student participation, attendance, academic performance, Diet Quality, food security, and body mass index: A systematic review. Nutrients, 13(3), 911. https://doi.org/10.3390/nu13030911

Sodium Reduction

In 2016, FDA released draft voluntary sodium reduction targets for the food industry. The proposed short-term and long-term targets recommended sodium limits for various categories of commercially processed, packaged, and prepared foods, as well as upper bounds for sodium in each food category. The short-term targets were finalized in October 2021 and the FDA committed to releasing longer-term targets in the future. The targets are intended to address excess sodium consumption and its negative impact on public health. The targets are the result of years of work from AHA and others in the public health community, including public testimony at FDA meetings, numerous comment letters to FDA, two major grassroots campaigns in 2011 and 2016, and advocacy to generate support from Congress. AHA also conducted sodium modeling research to determine the impact the FDA's proposed sodium targets would have on average sodium intake.

Implementing both **short - and long - term sodium reduction targets,** like those originally proposed by the FDA in 2016, could prevent an estimated **450,000 cases of cardiovascular disease,** gain **2 million quality-adjusted life years,** and save approximately **$40 billion in health-care costs** over a 20-year period.[3]

[3] Pearson-Stuttard, J., Kypridemos, C., Collins, B., Mozaffarian, D., Huang, Y., Bandosz, P., Capewell, S., Whitsel, L., Wilde, P., O'Flaherty, M., & Micha, R. (2018). Estimating the health and economic effects of the proposed US Food and Drug Administration voluntary sodium reformulation: Microsimulation cost-effectiveness analysis. PLOS Medicine, 15(4). https://doi.org/10.1371/journal.pmed.1002551

Menu Labeling

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.

Nutrition Labeling

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 **$10.4 billion in health care costs** and **$12.7 billion in "societal" costs** associated with less productivity and informal care. Plus, over a lifetime, the lower-calorie choices could help prevent **135,781 cases of cardiovascular disease**, including **27,646 deaths**, and **99,736 cases of Type 2 diabetes**.[4]

Recent research indicates that **Front-of-Pack (FOP) labeling can influence consumers' understanding of the healthfulness of foods,** including individuals who are more nutritionally at risk.[5,6]

[4]Liu, J., Mozaffarian, D., Sy, S., Lee, Y., Wilde, P. E., Abrahams-Gessel, S., Gaziano, T., & Micha, R. (2020). Health and economic impacts of the National Menu Calorie Labeling Law in the United States. Circulation: Cardiovascular Quality and Outcomes, 13(6). https://doi.org/10.1161/circoutcomes.119.006313
[5]Findling, M.T.G., Werth, P.M., Musicus, A.A., Bragg, M.A., Graham, D.J., Elbel, B. and Roberto, C.A., 2018. Comparing five front-of-pack nutrition labels' influence on consumers' perceptions and purchase intentions. Preventive medicine, 106, pp.114-121
[6]Ducrot, P., Méjean, C., Julia, C., Kesse-Guyot, E., Touvier, M., Fezeu, L.K., Hercberg, S. and Péneau, S., 2015. Objective understanding of front-of-package nutrition labels among nutritionally at-risk individuals. Nutrients, 7(8), pp.7106-7125.

COVID-19

In 2020, the COVID-19 pandemic sent the U.S. economy into crisis, increased unemployment, and increased the number of Americans at risk of food and nutrition insecurity. The federal government's quick response mitigated food insecurity from worsening during the pandemic. The expansion of several nutrition assistance programs such as healthy school meals for all, the creation of Pandemic Electronic Benefit Transfer (P-EBT), investments in SNAP, scaling up SNAP online nationally, and increasing the WIC Cash Value Voucher has helped keep food and nutrition insecurity at bay during volatile economic times.

In 2021, **41.5 million** people participated in SNAP, up from **35.7 million** people pre-pandemic, serving as an essential safety net during the pandemic and economic downturn.[7]

[7]Kids Count Data Center. Number of participants in the Supplemental Nutrition Assistance Program in the United States. 2022

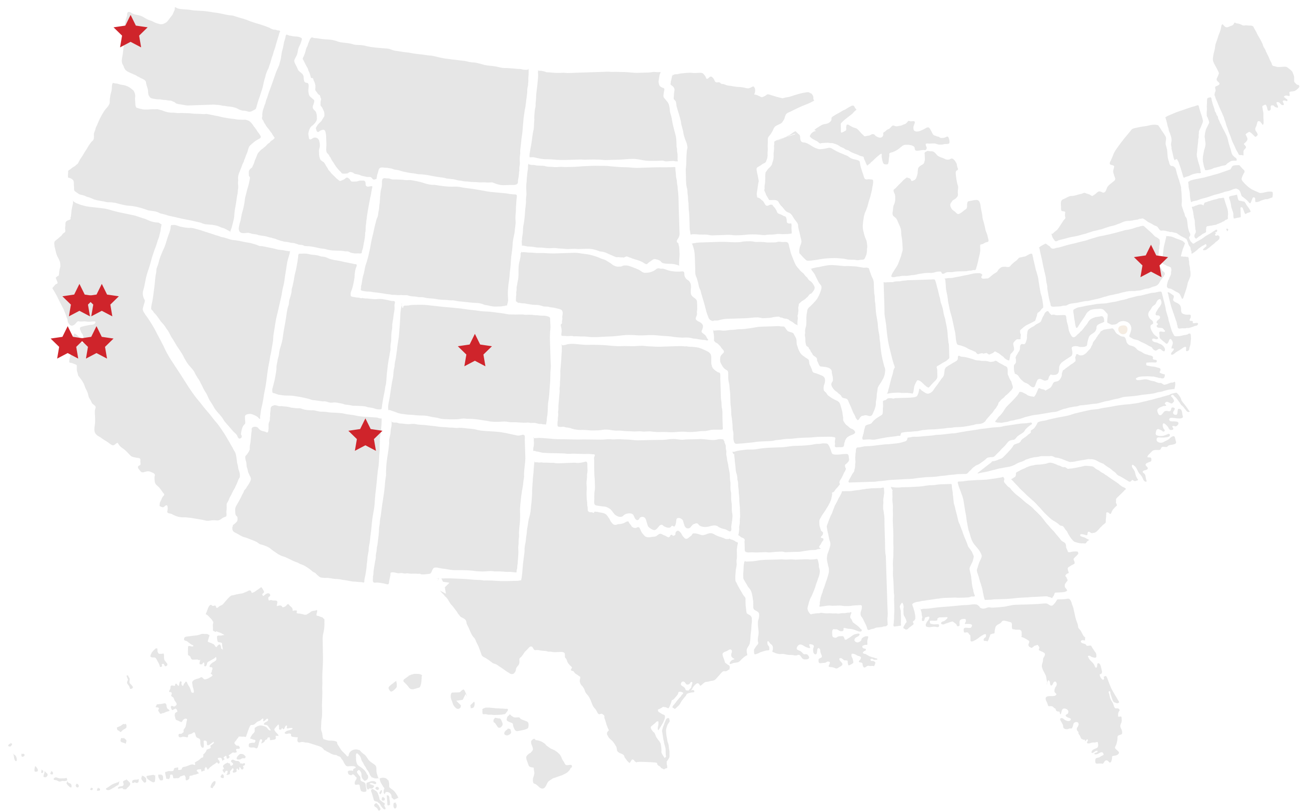
Food Is Medicine

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.

State and Local Level Nutrition Accomplishments in Recent Years

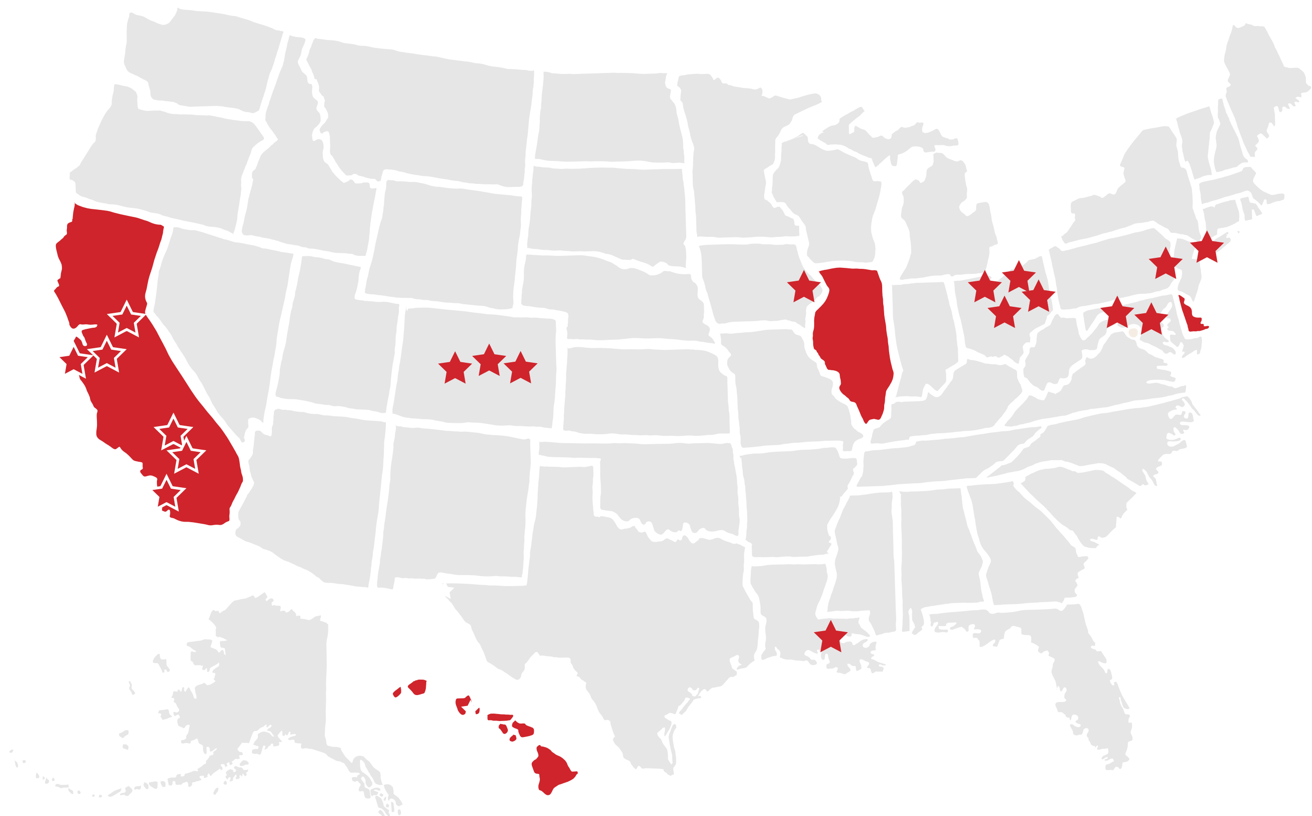
Sugary Drink Taxes

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



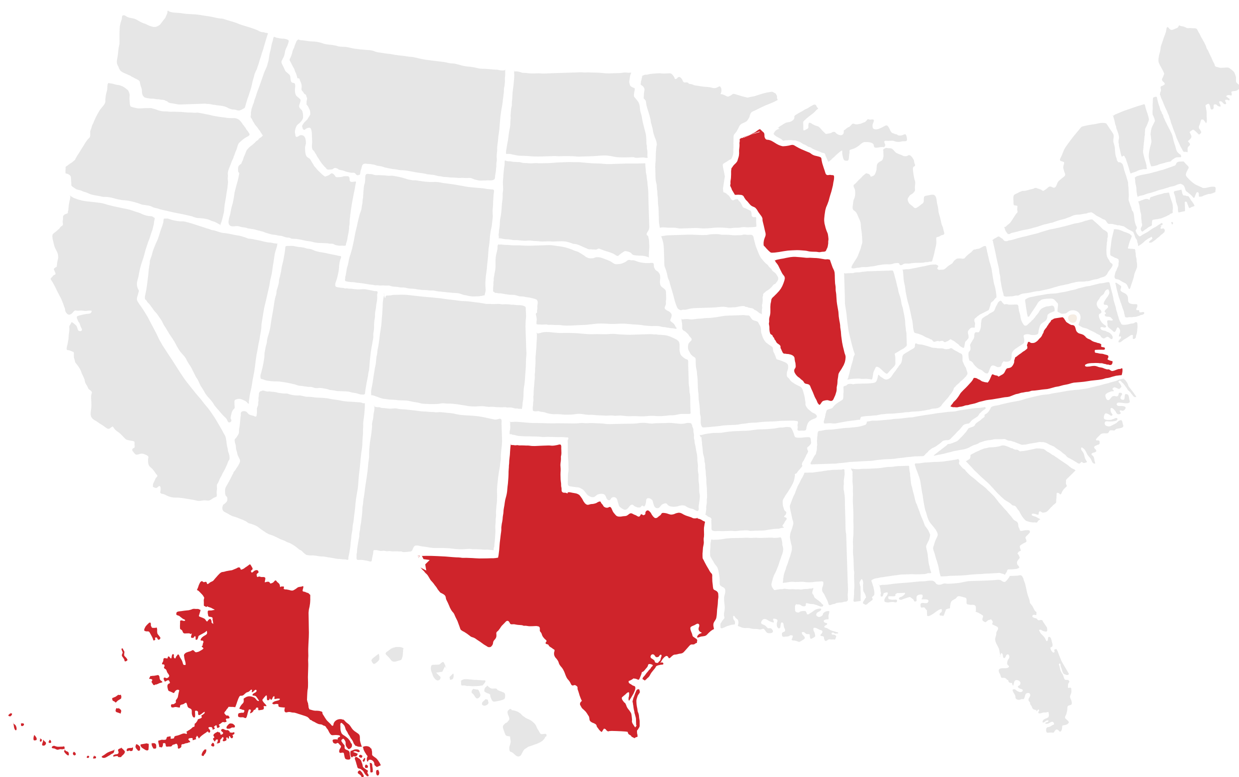
Healthier Options at Restaurants

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.



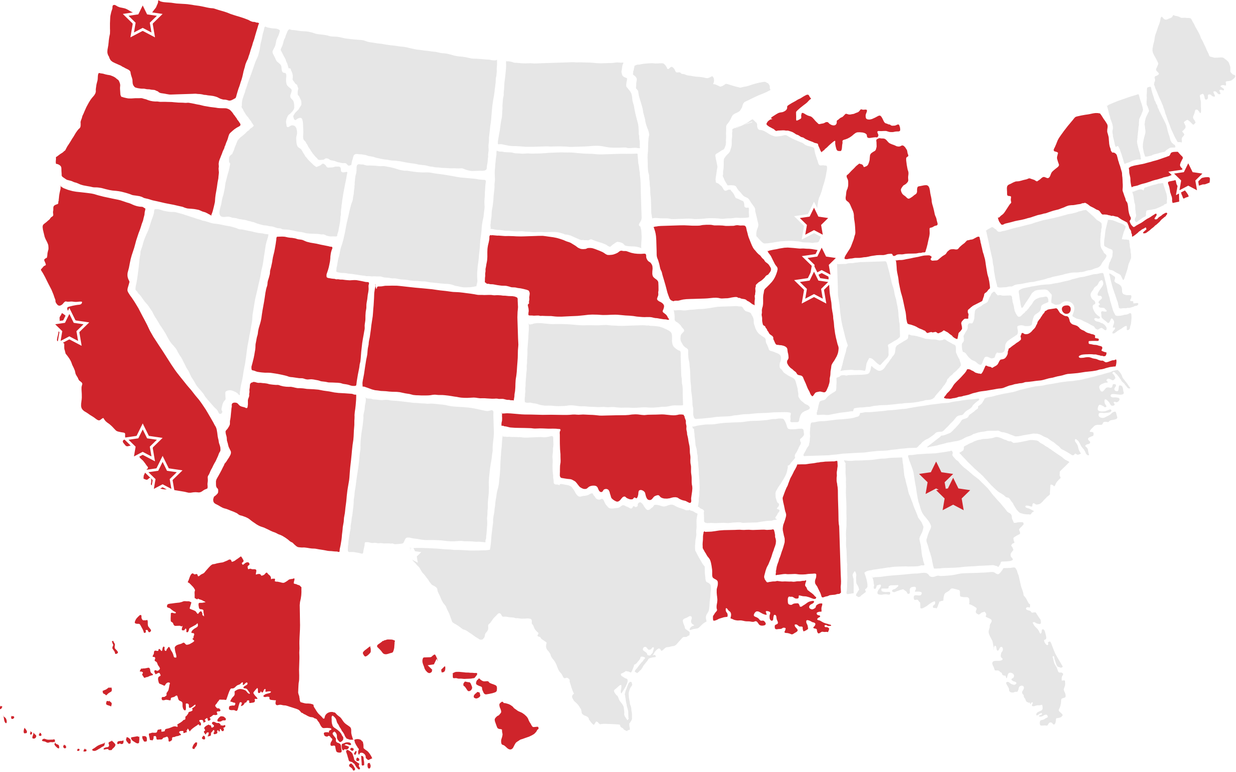
Increasing SNAP Access

AHA supports state policies that maximize SNAP participation for eligible households and help those who qualify get their benefits. This can include adopting policies that support SNAP access as outlined in the USDA SNAP State Options Report and supporting state adoption of broad-based categorical eligibility (BBCE) for SNAP enrollment in states that currently do not use this option. Since AHA has taken on this policy priority, five states have improved access to SNAP.



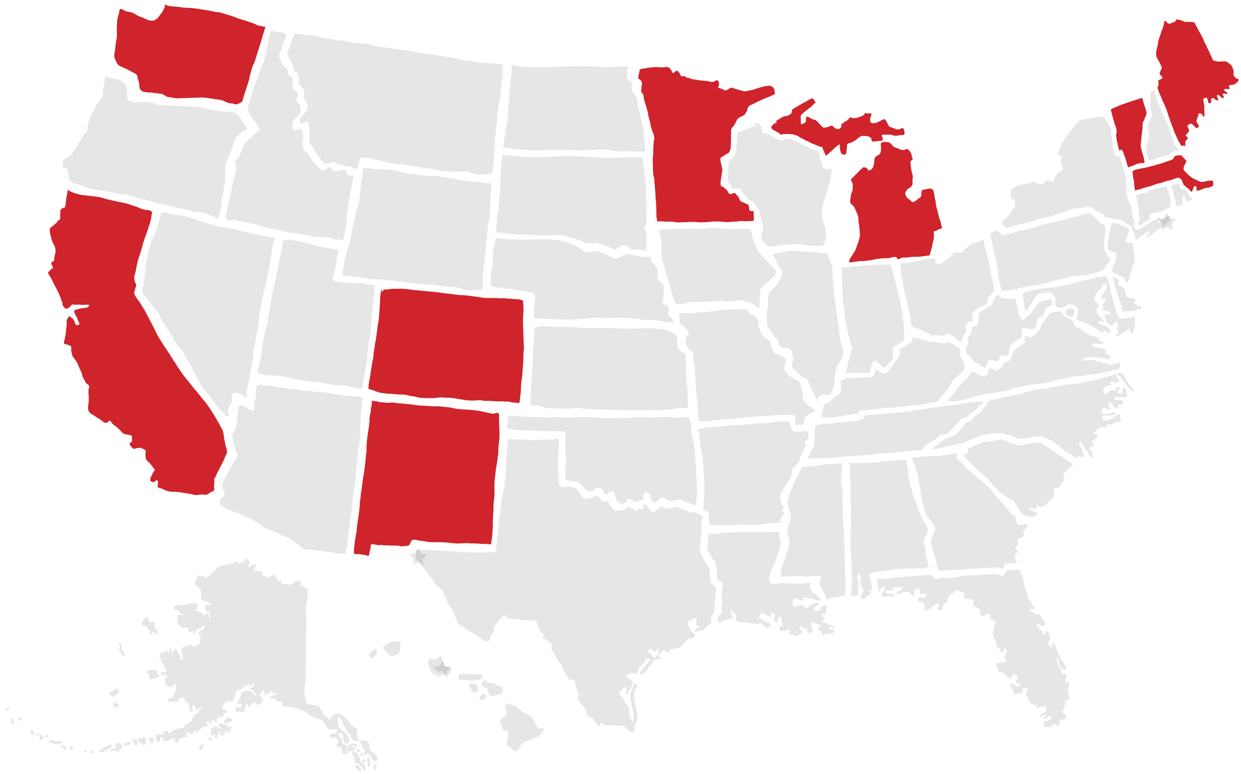
SNAP Incentives and Produce Prescriptions

AHA supports efforts to create or expand SNAP healthy food incentives programs through local or state government support and support incentives and other policies and programs that encourage fruit and vegetable consumption, such as produce prescription programs. AHA has supported 36 states and communities in achieving SNAP incentive or produce prescription appropriations.



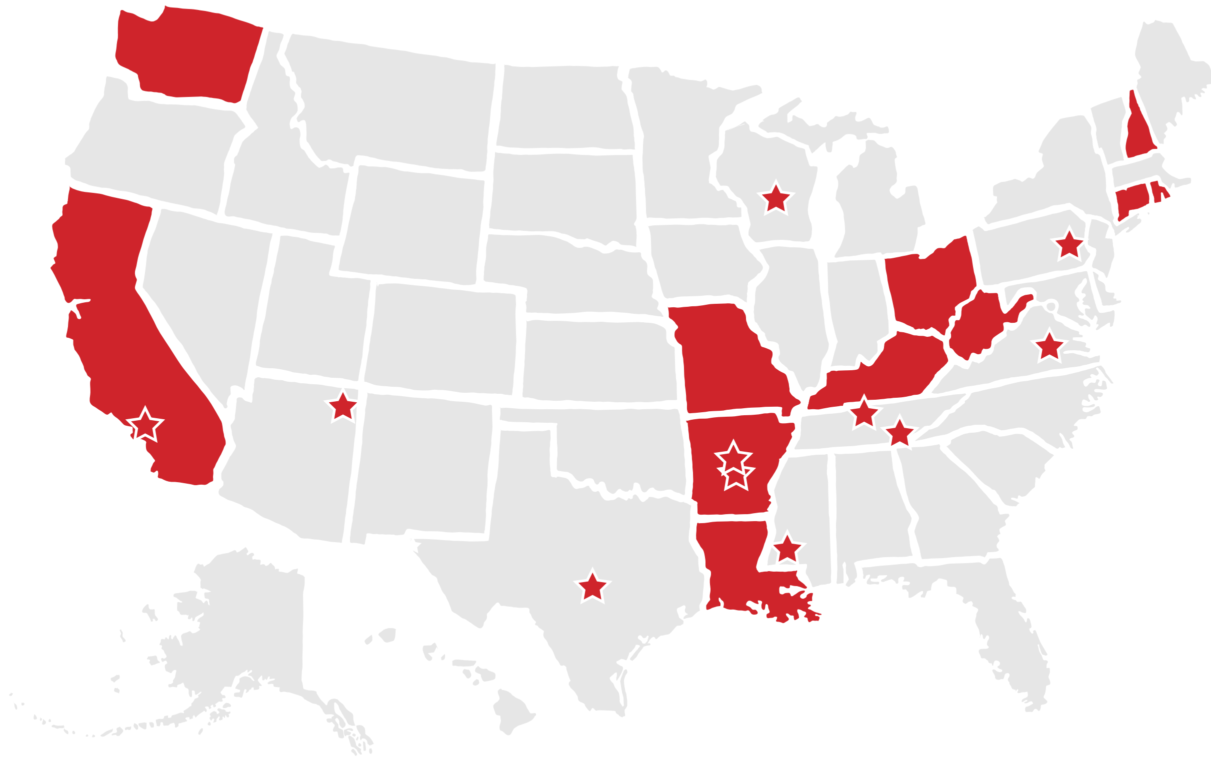
Healthy School Meals for All

Healthy school meals for all allow children enrolled in a school that operates the National School Lunch Program and School Breakfast Program to receive free breakfast and free lunch, regardless of their family's income. Healthy school meals for all ensures that every child has access to healthy meals. AHA has been supporting efforts to enact healthy school meals for all at both the state and federal levels.



Increasing Access to Water in Schools

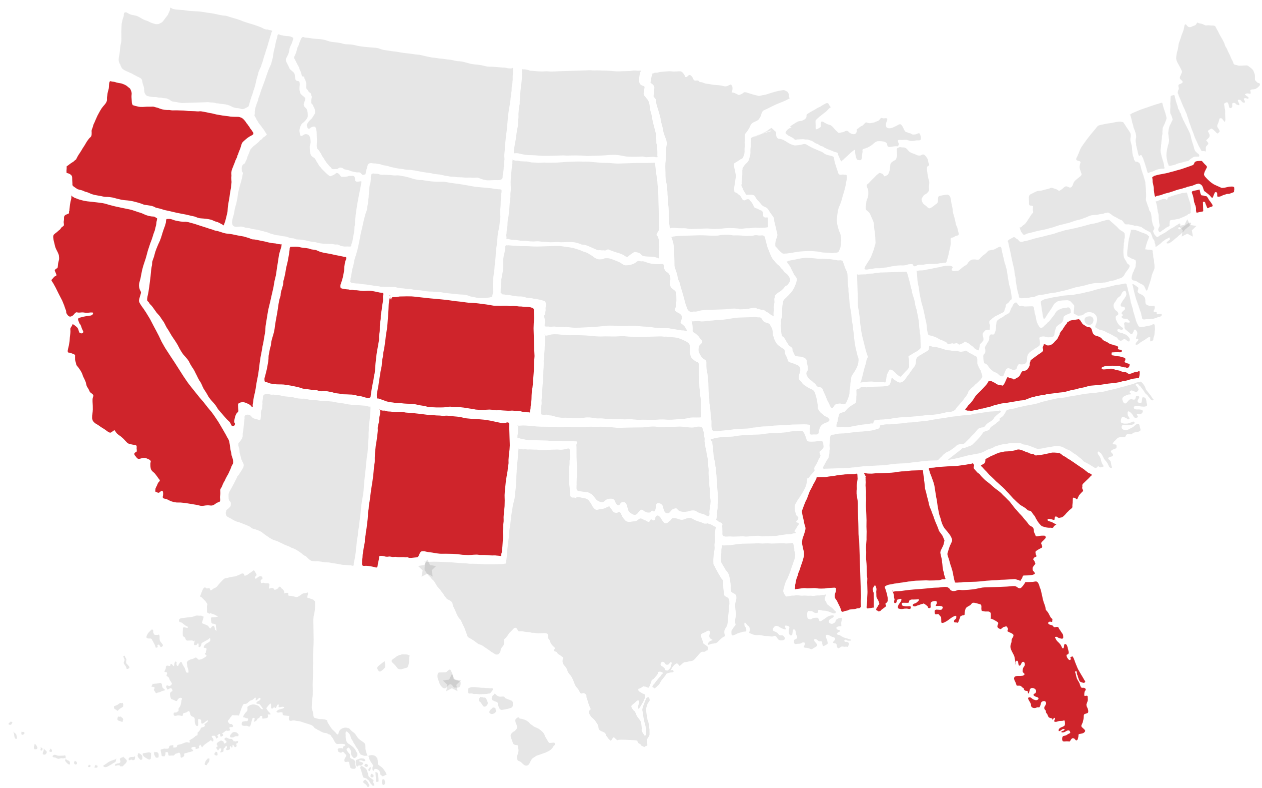
Through the years, AHA has supported efforts to pass policies and secure funding to support increasing access to safe drinking water in schools to encourage water consumption throughout the school day and during school-based activities. AHA has also supported communities to enact policies that ensure that all newly constructed schools and schools undergoing major renovations have bottle filing stations. Through this work, AHA has helped to advance 22 water access policies at the state, community, or school district level.



School Food Access and Quality

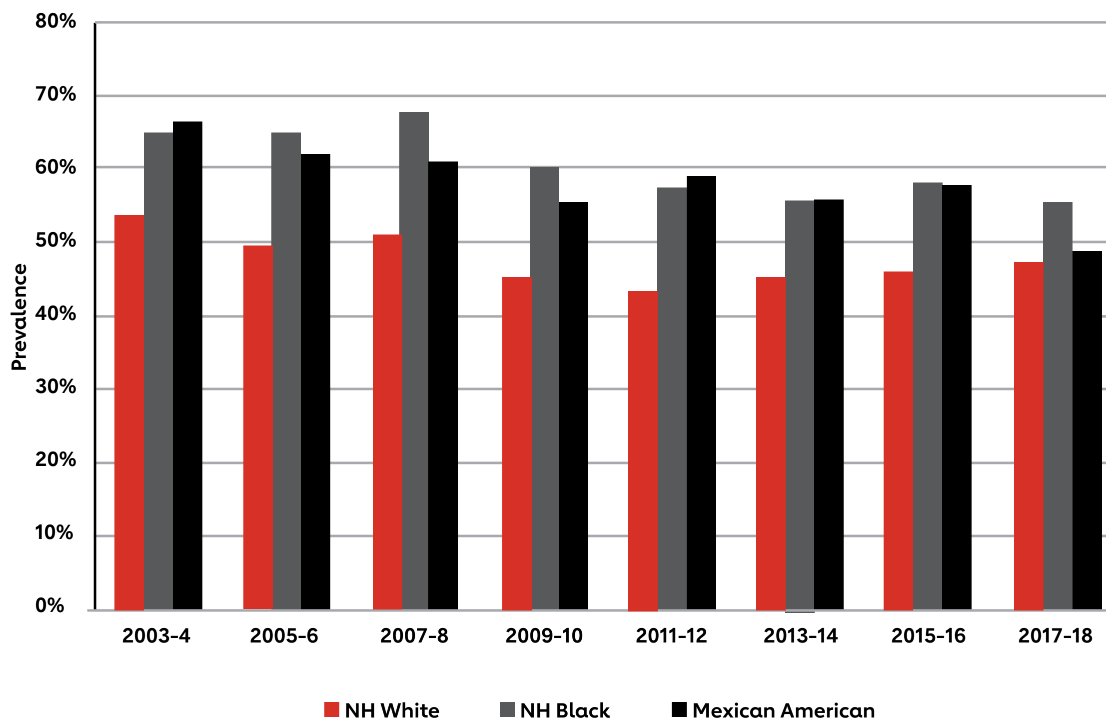
AHA supports efforts to increase the number of states and districts that have policies for schools to implement, at minimum, the beverage, snack, and meal guidelines as intended by the 2012 school meals and 2016 competitive foods final rules, or an updated rule by USDA – whichever promotes the strongest 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.

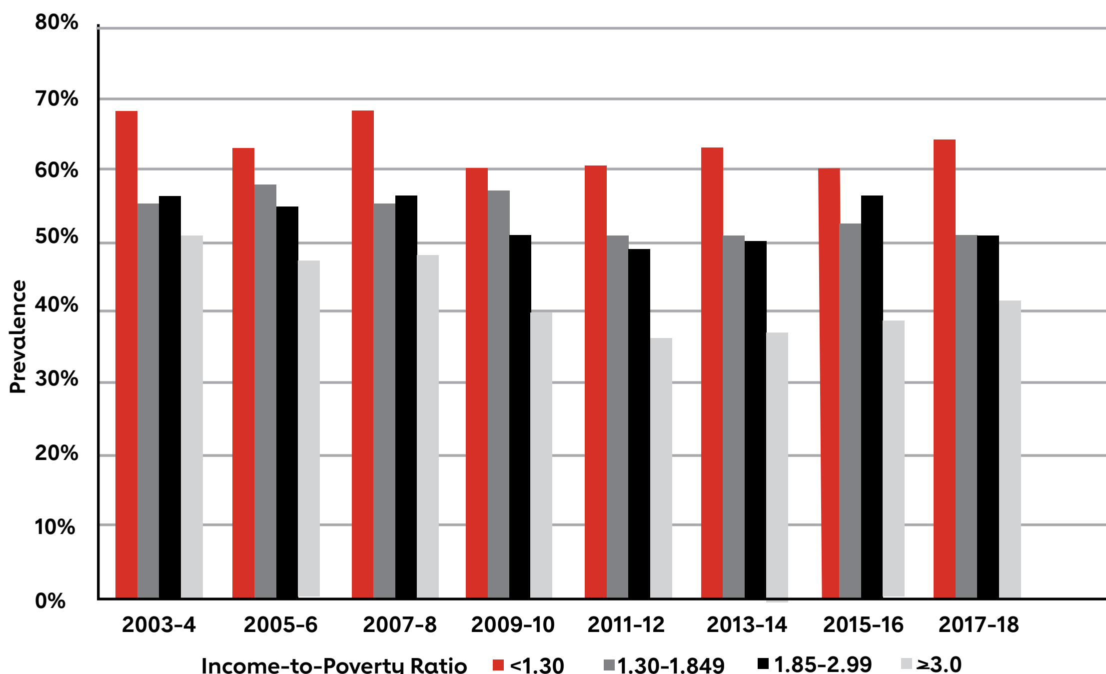


Diet Quality Metrics by Race/Ethnicity and Poverty Level

Trends in prevalence of poor AHA healthy diet score, by race and ethnicity 2003 -2018



Trends in prevalence of poor AHA healthy diet score in the United States, by ratio of family income to poverty level, 2003 to 2018.



Tsao, C. W., Aday, A. W., Almarzooq, Z. I., Alonso, A., Beaton, A. Z., Bittencourt, M. S., Boehme, A. K., Buxton, A. E., Carson, A. P., Commodore-Mensah, Y., Elkind, M. S. V., Evenson, K. R., Eze-Nliam, C., Ferguson, J. F., Generoso, G., Ho, J. E., Kalani, R., Khan, S. S., Kissela, B. M., … Martin, S. S. (2022). Heart disease and stroke statistics—2022 update: A report from the American Heart Association. Circulation, 145(8). https://doi.org/10.1161/cir.0000000000001052