

# Session 4:

## Strengthening Nutrition Research and Providing Equitable Access to its Benefits

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### ***Disease Risk Profile:***

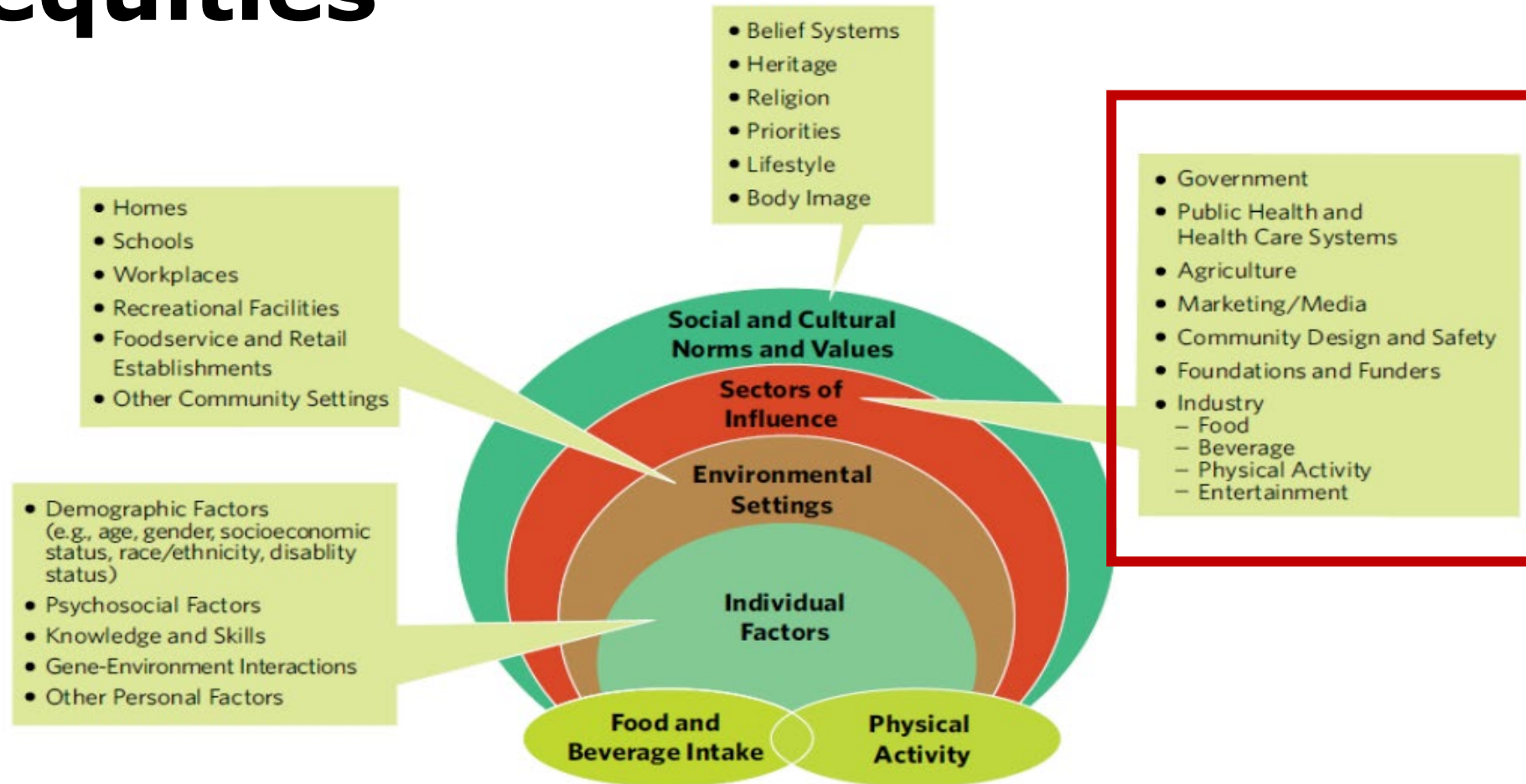
- African American male
- 47 y.o.
- Dx: Hypertension
- Smoker
- Inconsistent medication use
- Diet: High consumption of SSBs, processed meats
- Social hx: Stress, low SES

# Summary of Session 1: Equity Challenges

# NIH Nutrition Health Disparities Research Framework

		Levels of Influence			
		Individual	Interpersonal	Community	Societal
Domains of Influence <i>(Over the Life Course)</i>	Biological	Taste Predispositions, Nutritional Status, Nutrition Metabolism, Nutrigenomics, Metabolomics, Microbiome, Food Allergies and Intolerances	Maternal -Child Interaction, Feeding Practices (e.g., breastfeeding), Family Microbiome	Community Illness Food Contaminant	Sanitation Pathogen Exposure (e.g., E Coli)
	Behavioral	Dietary Intake, Dietary Habits, Eating Patterns, Coping Strategies	Family Dietary Practices (e.g., family meals) School/Work Dietary Behavior	Community Functioning Community engagement (lobbying for full- service grocery stores)	Nutrition Policies and Laws (e.g., food assistance programs and access) State- and City-level Food and Nutrition Policies (e.g., soda taxes)
	Physical/Built Environment	Personal Food Environment and Access (e.g., exposure to fast food at home)	Household Food Environment School/Work Food Environment	Community Environment Community Resources Neighborhood Food Environment (e.g., food deserts, food marketing)	Societal Structures (e.g., zoning laws) Dept. of Education and School System Workplace Policies and Accommodations, Food Marketing
	Sociocultural Environment	Food Preferences, Sociodemographic (e.g., discretionary income) Food Literacy and Preparation Skills Limited English Cultural Identity/Acculturation Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination (e.g., dietary practice, body image)	Community Norms Local Structural Discrimination (e.g., dietary practice, body image)	Social Norms Food System (e.g., supply chain, food costs) Societal Structural Discrimination
	Health Care System	Insurance Coverage, Access, Utilization Health Literacy Treatment Preferences Nutrition Medical Therapy	Patient-Clinician Relationship Medical Decision-Making (e.g., referrals to RDs)	Availability of Services Safety Net Nutrition Services (e.g., WIC, SNAP, food pantries)	Quality of Care Health Care Policies for Nutrition Services (e.g., screening & treatment)
Health Outcomes		Individual Health 	Family/Organizational Health 	Community Health 	Population Health 

# Need for Multilevel Interventions to Address Diet-related Diseases and Inequities



# Recommendation 1: Create and Implement a Long-Term Federal Strategy on Nutrition and Health

## a. Strengthen nutrition surveillance

### Considerations:

- Ensure effective community engagement to increase sample representativeness
- Use NIH's *All of Us* and ComPASS programs as models for community engagement and effective CBO partnerships
- Adequate compensation for partnering CBOs

## b. Changes to food environment that would make it easier for consumers to make healthier food choices and disincentivize unhealthy food choices

### Considerations:

- Integration of behavioral economic approaches in the food retail environment; make the *healthy* choice the easy choice
- Equity lens for marketing to children and youth, particularly Black and Hispanic youth



# **Recommendation 2:** Provide Equitable access to the benefits of nutrition research

## **b. Diversify the nutrition science and dietetics workforce**

### **Considerations:**

- Ensure equitable wages and salaries for dietetics professionals
- Establish federally supported loan repayment options for dietitians
  - National Health Service Corps offers loan repayment to many behavioral health program clinicians, ***but excludes dietitians***
- Increased focus on prevention and management of diet-related chronic diseases:
  - Recommend Medicare coverage for RDN services for ***obesity and other diet-related diseases***



# Recommendation 2: Provide Equitable access to the benefits of nutrition research

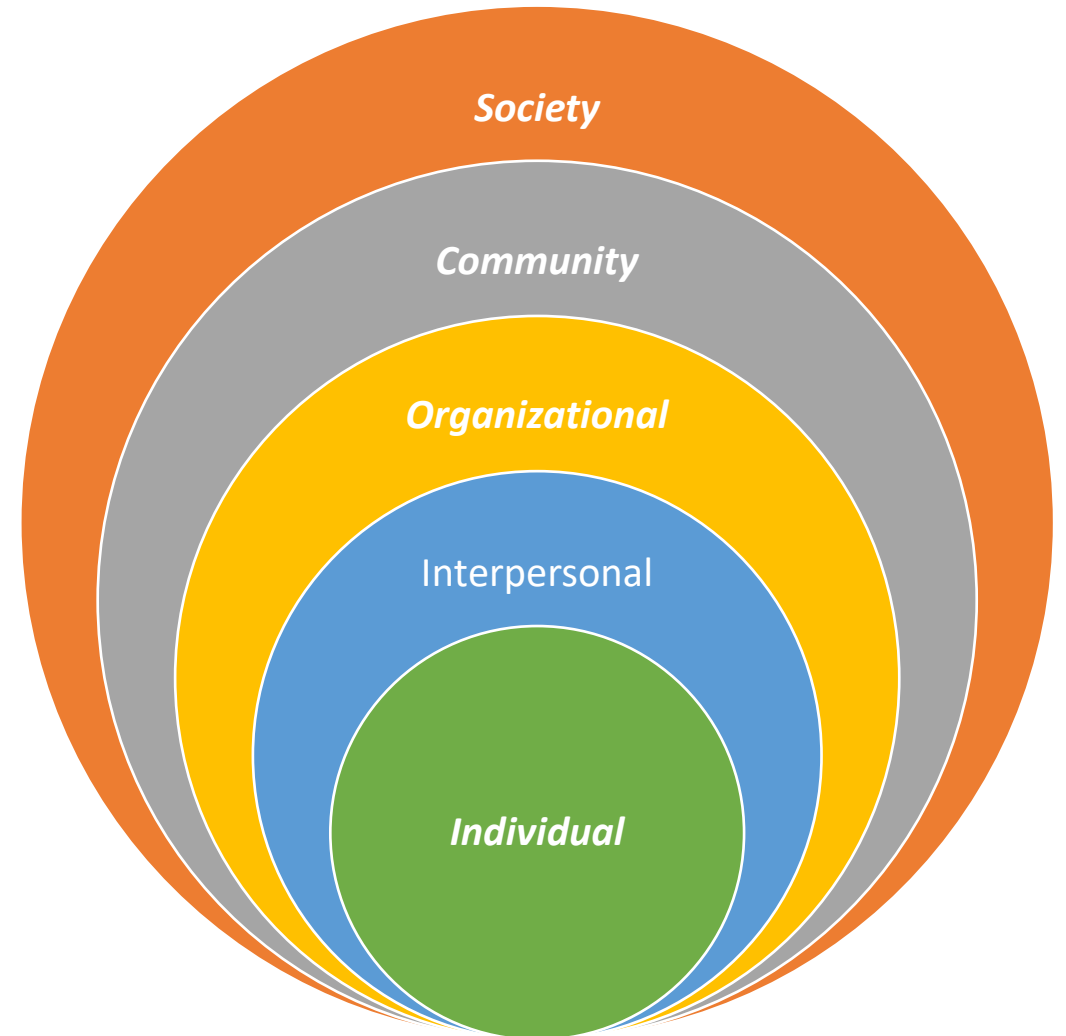
## d. Research in implementation science

Considerations:

- Multilevel interventions with involvement from a variety of sectors with multiple intervention levers
  - **Individual:** Variations in healthy food marketing exposure, nutrition education
  - **Organizational:** Behavioral economics strategies in food retail and online environments
  - **Community:** Enhanced supermarket access in food desert communities
  - **Societal:** Alignment of SNAP with Dietary Guidelines for Americans

## Additional Recommendation

- Natural experiment research to evaluate the impact of time-sensitive local- and state-level policies



# **Recommendation 3:** Strengthen the Interagency Committee on Human Nutrition Research

## **f. Develop a federal nutrition campaign**

### **Considerations:**

- To compete with private sector marketing of unhealthy foods, *significantly greater investment* is necessary for systematic change and broader reach and public health impact
- Innovation and integration with social media is needed
  - Targeted health promotion in collaboration with Google and other private sector entities
- Leverage celebrity influence, particularly among the younger generation

# Need for a Broader Lens: *Call for Integration with Social Determinants of Health*

- **Poverty** as the root cause of food insecurity
  - Food insecurity is highest among households headed by single mothers (USDA, 2022) at nearly 35%
  - Need for an increase in the stagnant federal minimum wage, last increase nearly 15 years ago (*July 24, 2009*)
- Partnership with the Department of Education to implement federal *financial literacy and home economics/“life skills” curricula*



Maslow's hierarchy of needs



