

U.S. Department of Health and Human Services

Stepping It Up and Eating Right:

Past and Future Successes in Federal Nutrition and
Physical Activity Policy and Programs

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INTRODUCTION

Poor nutrition and physical inactivity are associated with myriad adverse health outcomes and rising costs to the American health care system and economy. The Federal government recognizes the importance of addressing these health challenges and is actively engaged in research, policy and programs to improve dietary quality and physical activity in the US.

Substantial progress in the area of nutrition and physical activity has been made through both initiatives led by the Department of Health and Human Services (HHS) and cross-agency collaborations. For example, the target set by the [Healthy People 2020](#) to achieve 20.1% of U.S. adults meeting physical activity and muscle-strengthening Federal Guidelines was met in 2012. However, gaps still exist and there remain opportunities for us to build on past successes and amplify progress. This paper provides a summary of existing Federal activities to improve nutrition and physical activity, highlights successful programs and initiatives, and identifies opportunities for continued improvement.

While this paper starts by focusing on efforts led by the Office of the Assistant Secretary for Health (OASH) and the HHS at large, we acknowledge that true progress in nutritional and physical activity relies on collaborative efforts across the Federal government, as well as engagement from communities and the private sector. This need for collaboration and engagement is one of the reasons that OASH supports regional offices across the country.

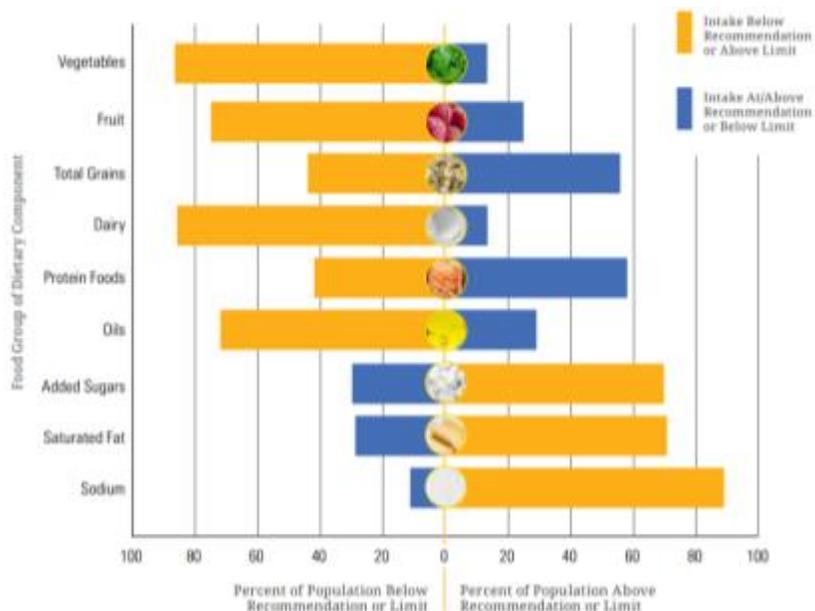
DIET, PHYSICAL ACTIVITY, AND THE HEALTH OF THE UNITED STATES

Nearly half of all people in America have one or more chronic diseases, many of which are related to poor dietary quality and physical inactivity.^{2-4,8-13} These chronic conditions include heart disease, stroke, diabetes, mental health illnesses, cancer, bone disease, and obesity.^{2-4,10} ¹⁴ Aside from the serious, detrimental health impacts, poor nutrition and inadequate physical activity also pose tremendous health care costs and indirect costs, both in the United States and globally.¹⁵⁻¹⁹ While the critical role of healthy eating and active living is widely recognized, few Americans achieve current recommended nutrition and physical activity goals. There are also significant health disparities associated with poor nutrition and physical inactivity.

The [Dietary Guidelines for Americans \(DGAs\)](#), issued jointly by the Department of Health and Human Services (HHS) and the Department of Agriculture (USDA) every five years, are the cornerstone of Federal nutrition policy and nutrition program activities, presenting the best available science on nutrition for health. However, adherence to the DGAs is quite low. Most Americans do not eat the recommended servings for fruits (75 percent) and vegetables (87 percent), and very few Americans consume enough whole grains.⁴ Too many Americans also consume more saturated fats, added sugars, and sodium than recommended: 71 percent eat more saturated fats than recommended, 70 percent consume more added sugars, and 89 percent have sodium intakes above the recommended limit. (*Figure 1*).^{3,4}

Non-white racial/ethnic groups and lower-income individuals commonly consume foods of lower dietary quality, and these disparities have been increasing over time.^{1,5-7}

Figure 1: Adherence to Recommendations from the Dietary Guidelines, 1+ years of age³

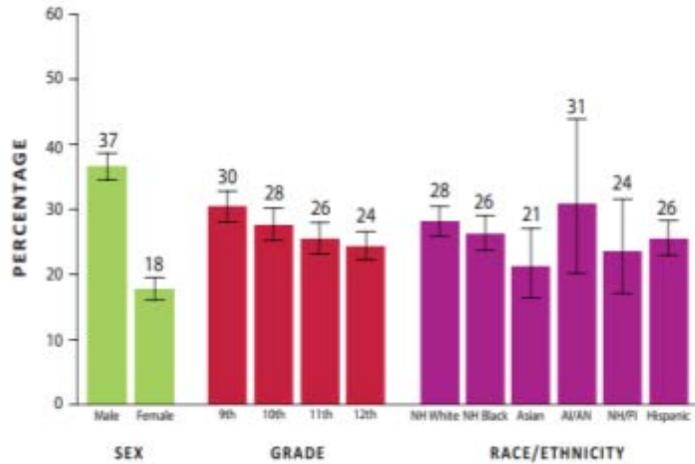


With regard to physical activity, the first ever *Physical Activity Guidelines for Americans* (PAGs) in 2008 drew on the latest science to make evidence-based recommendations to improve health in the United States. The guideline recommends that children and adolescents should do 60 minutes or more physical activity daily; adults should avoid inactivity, and do at least 150 minutes a week of moderate-intensity physical activity, such as brisk walking, for substantial health benefits.

Figure 2: Percentage of U.S. Adults Aged 18 Years or Older Who Met the Aerobic Physical Activity Guideline, 2013²



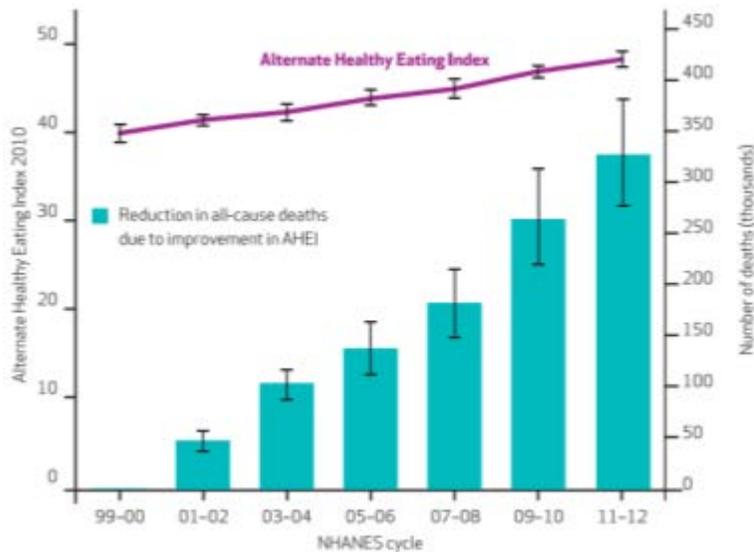
Figure 3: Percentage of U.S. High School Students Who Met the Aerobic Physical Activity Guidelines, 2013²



Adherence to these guidelines has been less than optimal.^{2,8} Only 50 percent of adults and even fewer adolescents in the US reported meeting the PAGs for aerobic activity (*Figure 2, Figure 3*). Only 18 percent of female high-school students met the guideline. Even these adherence rates may be overestimates, considering that levels of adherence are self-reported. Racial/ethnic and socioeconomic disparities are also of concern, as minority and lower-income individuals generally achieve lower levels of physical activity.

We know that improving diet quality and physical activity can greatly enhance the health and wellbeing of Americans. Physical inactivity accounts for about 10 percent of premature deaths

Figure 4: Improvements in Diet Quality and Reduction in All-Cause Mortality, 1999-2012¹



in the U.S. While a troubling statistic, this presents a tremendous opportunity to dramatically improve health in the United States.^{22,23,24} In addition, a recent study found that improvements in Americans' diet quality between 1999 and 2012 were associated with 1.1 million fewer premature deaths and lower incidences of diabetes, cardiovascular disease, stroke, and cancer by 13 percent, 9 percent, 5 percent, and 1 percent, respectively (*Figure 4*).¹ A randomized controlled trial found a 30 percent reduction in cardiovascular events over approximately 5 years among those were randomly assigned to

consume a Mediterranean diet, which is rich in fruits, vegetables, lean meats, nuts, and olive oil.²⁰ Diets that align with the DGAs are estimated to lower the risk for both onset of and death from cardiovascular disease, cancer, and type 2 diabetes by 15 to 22 percent.²¹

While individuals, families, communities, and businesses all play a role, the Federal government plays several unique roles through research, measurement, and programmatic activities that translate the best science into action. Moreover, health behaviors are not only driven by individual choices and knowledge but also by the larger contexts, including the built environment, cultural norms, economics, marketing practices, and policy at all levels. This is why no single initiative or policy can be sufficient, and why a coordinated approach to nutrition and physical activity programs and policies at the Federal, state, and local levels is critical.

FEDERAL PROGRAMS AND POLICIES AIMED TO IMPROVE PHYSICAL ACTIVITY AND NUTRITION



The Federal government has important roles in promoting a healthy diet and physical activity for Americans, including a wide array of activities across many Federal agencies. (Please see the Appendix below for a list of major Federal programs and policies on nutrition and physical activity. This list is representative of the types of varied programs in existence across the Federal government but is not intended to be an exhaustive). Activities across the Federal government include: generating, updating, promoting, and implementing guidelines (e.g., *Dietary Guidelines for Americans*, *Physical Activity Guidelines for Americans*, the Food and Drug Administration's nutrition facts label rules, and voluntary sodium guidelines); funding and administering programs (e.g., school nutrition programs, nutrition programs for older Americans, reimbursements for clinical care); formulating policies on nutrition and physical activity (e.g., Department of Transportation [DOT] allowance of funding for walking and biking paths near transit stops); and providing support for biomedical

and public health research, (e.g. National Nutrition Research Roadmap; National Nutrition and Health Examination Surveys (NHANES)). Some agencies, such as the Department of Health and Human Services (HHS), the Department of Veterans Affairs (VA), and the Department of Agriculture (USDA) have explicit goals of *improving health*, while others pursue nutrition and physical activity programs as a means to meet their ultimate missions: *military readiness* for the Department of Defense (DOD), *mobility* for the DOT, and *academic achievement* for the Department of Education, for example.

Many of Federal programs addressing nutrition and physical activity are well recognized by the public. The First Lady's *Let's Move!* initiative may be the most recognized example of the Obama Administration's commitment to this issue. Numerous other programs and initiatives such as the DGAs and MyPlate, Healthy People 2020, Surgeon General reports such as the 2015 *Call to Action to Promote Walking and Walkable Communities*, the USDA's Supplemental Nutrition Assistance Program (SNAP) and the President's Council on Sports, Nutrition and Physical Activity also are familiar part of the lives of many Americans.



Other programs may have less widespread popular recognition but are no less robust and impactful:

- **Department of Health and Human Services/General Services Administration (GSA)** [Health and Sustainability Guidelines for Federal Concessions and Vending Operations](#): Jointly developed by the Centers for Disease Control and Prevention (CDC) and GSA, these guidelines promote the provision of healthier options in food service settings and vending machines across the Federal government. Several Federal entities have implemented the guidelines, including the HHS main campus, CDC, the National Institutes of Health (NIH), GSA, DoD, and the National Park Service (NPS).
- **Department of Agriculture** [Child and Adult Care Food Programs \(CACFP\) regulations](#): CACFP “provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons.” The USDA recently updated dietary standards for CACFP, consistent with the DGAs.
- **Department of Transportation/Centers for Disease Control and Prevention** [Transportation and Health Tool](#): This tool provides information about 14 leading indicators relevant to transportation and health at different geographic levels. Specifically, it provides searchable data on how the transportation environment affects safety, active transportation, air quality, and connectivity.
- **Department of Defense** *Go for Green* Program: As part of the overall wellness program at the DoD, *Go For Green* is a “traffic light” nutrition labeling program in cafeterias which helps individuals make healthier choices by identifying the nutritional content of food with green, yellow, or red lights.

- **Department of Education *Student Support and Academic Enrichment* Program.** The [Every Student Succeeds Act](#) (ESSA) created this program as a replacement for the Carol M. White Physical Education Program to provide funding opportunities for school-based programs to promote health, including physical activity and nutrition education programs.
- **Department of Veterans Affairs (VA) [VA MOVE! Weight Management Program](#):** This program is a comprehensive weight management program for veterans receiving care in VA facilities. The program incorporates group sessions, telephone health coaching, and allows remote communication, including with mobile applications.

PROGRESS MADE IN NUTRITION AND PHYSICAL ACTIVITY OUTCOMES



We have made significant progress in improving nutrition and physical activity in the United States. First, the [Let's Move!](#) initiative has enhanced the work at the Federal and local levels in these areas over the past several years through interagency coordination, collaboration with industry, and the development of novel programs to decrease childhood obesity. *Let's Move!* also coordinated the creation of the White House

Task Force on Childhood Obesity, which released a landmark report in 2010 and set the stage for action by *Let's Move!* going forward.²⁵

Over 81 million people – or 1 in 4 Americans – now live in a *Let's Move!* city, town, or county where their local elected official has committed to five goals to promote sustainable strategies and improve the health of their communities. Over eleven million children attend *Let's Move!* Active Schools, where they strive to make 60 minutes of physical activity a day the norm. 2.4 million children have a *Let's Move!* Salad Bar in their school, and 1.6 million children attend a *Let's Move!* Child Care daycare center or home that has made a commitment to improve the nutrition quality of the meals and snacks served, increase opportunities for physical activity, and limit screen time, all based on Federal recommendations.

By leveraging both new initiatives and promoting alignment among existing nutrition and physical activity programs, progress is also seen across many Federal agencies. For example, the first-ever *Physical Activity Guidelines for Americans* were released in 2008, followed by a midcourse report in 2013. Work is already underway to fully update the *Guidelines* in 2018. These guidelines are now informing many programs and initiatives, both at the Federal level (such as the Presidential Youth Fitness Program) and through community and private-sector initiatives. The evidence-based recommendations in the newly-released DGAs are also being incorporated into an expanding array of Federal programs. Already, the FDA's modernized Nutrition Facts Label for packaged foods reflects the latest science and nutritional information, while the USDA's easy-to-understand MyPlate and MiPlato icons are helping individuals make healthier choices. The expansion of the mission of the President's Council on Fitness and Sports

to include nutrition and the update of the President’s Challenge Youth Fitness Test to reflect the latest science has amplified the Federal commitment to improving children’s nutrition and physical activity. Finally, the Office of the Surgeon General continues to spearhead national programs and efforts to encourage physical activity and nutrition such as the 2015 *Call to Action to Promote Walking and Walkable Communities*.

Federal programs are uniquely positioned to reach millions of people and achieve measurable health improvements. Evidence for effectiveness includes the following:

- Following the USDA regulations to ensure diet quality within the National School Lunch Program, a study of low-income Massachusetts school districts documented a 23 percent increase in selection of fruits at lunchtime and a 16 percent increase in consumption of vegetables.²⁶
- The 2009 updates to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) led to improvements in the diet quality of food stocked by retailers, reductions in purchases of juice and whole milk by WIC participants, and increases in purchases of fruits, vegetables, and whole grains.²⁷⁻³¹
- The Healthy Incentive Pilot program found that, providing \$0.30 back for every \$1 spent on fruit and vegetable purchases incentivized SNAP recipients to increase fruit and vegetable consumption and purchases by a quarter cup.³² This program is now being expanded to more SNAP participants with the recently announced USDA [Food Insecurity Nutrition Incentive Program](#) grants, primarily through farmer’s markets.

While challenges remain, we have seen many encouraging signs over the past several years as Federal, state, and local efforts to address poor nutrition and physical activity have continued to grow. For instance, while children still fail to meet DGA recommendations for the amount of fruit and vegetables they should eat every day, the amount of whole fruit children consumed increased by 67 percent from 2003 to 2010, and fruit juice consumption decreased by about 30 percent. Meanwhile, after decades of increase, the national childhood obesity rate has leveled off and the rise in obesity among adults is beginning to slow. Among children ages 2 to 5, the rate of obesity decreased from 13.9 percent in 2003-2004 to 8.9 percent in 2011 to 2014.^{46,47}

ONGOING OPPORTUNITIES TO BUILD ON SUCCESS

Despite the breadth of Federal nutrition and physical activity program and policies, gaps and opportunities remain. Below, we highlight several ongoing opportunities for achieving greater impact.

1) A broader implementation of the [Health and Sustainability Guidelines for Federal Concessions and Vending Operations](#)

The CDC and GSA jointly created these guidelines to encourage Federal workplace cafeterias and vending machines to provide food and beverages better aligned with the DGAs. Some recommendations in these food service guidelines include: labeling the calorie content of all menu offerings; eliminating trans fats; reducing the sodium content of items to ≤ 480 mg; and enhancing offerings of fruits, vegetables, low-fat dairy, whole grains, lean proteins, and low-calorie beverages. The guidelines also call for implementation of strategies that improve sustainability. Because the Federal government is a large purchaser and provider of food services, these guidelines could inform other voluntary, industry models for food service.

2) *A Roadmap for Physical Activity Research, modeled on the National Nutrition Research Roadmap*

The Interagency Committee on Human Nutrition Research includes membership from HHS, USDA, DOD, the Department of Commerce, the Environmental Protection Agency (EPA), the Federal Trade Commission (FTC), NASA, the White House Office of Science and Technology Policy (OSTP), the National Science Foundation (NSF), VA, and the US Agency for International Development (USAID). The Committee produces a National Nutrition Research Roadmap, identifying gaps in evidence and priorities for research over a 5 to 10 year period. The Committee released the most recent report in 2016, providing guidance to Federal departments, funders, stakeholders, and academics.⁴³ A similar process could inform physical activity research.

3) *Better data infrastructure to support the next Dietary Guidelines for Americans, which will address nutrition in women who are pregnant and in children from birth to 24 months*

By mandate, the 2020-2025 *Dietary Guidelines for Americans* (next edition) will include nutrition recommendations for women who are pregnant and children from birth to 24 months. The USDA and HHS already have initiated the [Pregnancy and Birth to 24 months project](#) in collaboration with programmatic and scientific experts to begin to examine the scope of the topics of public health importance to these populations. The findings from this work will be made publicly available at the completion of the project and can be considered by the next Dietary Guidelines Advisory Committee in their comprehensive review of evidence.

This process would substantially benefit from additional data collection through existing nationally-representative surveys, such as NHANES and BRFSS. Inclusion of relevant questions and biological measures for these populations would provide valuable information to support the *DGA*.

4) Communications and educational resources for the *Physical Activity Guidelines for Americans*, similar to what is done for the DGAs

The MyPlate and MiPlato icons, developed by the US Department of Agriculture (USDA) for the DGAs, provide a straightforward graphical representation of dietary recommendations. Research has shown that MyPlate is used by a majority of registered dietitians and recognized by most Americans.⁴⁴ Anticipating the forthcoming [2018 Physical Activity Guidelines for Americans](#), HHS could consider implementing the use of icons that would similarly communicate the recommendations of the *Physical Activity Guidelines*, with perhaps different icons for different age groups. As part of this effort, HHS also could consider adopting a public education strategy similar to the approach used by MyPlate to promote the recommendations from the DGAs, involving a campaign to promote physical activity and educational materials to be used by schools, providers, and worksites.

5) Exploration of public-private opportunities to address food marketing to children

In 2008 and 2012, the Federal Trade Commission released reports on food marketing to children and adolescents.⁴⁵ From 2006 to 2009, the period covered by the 2012 report, food marketing to children dropped by nearly 20 percent overall (\$2.1 billion to \$1.8 billion) but increased by 50 percent for online and viral marketing. The FTC discussed hopes for possible future reductions, prompted by several voluntary efforts to reduce food advertising to children, led by the Children's Food and Beverage Advertising Initiative (CFBAI), a coalition of 18 food companies formed in 2006.

The *Let's Move!* initiative has successfully engaged the private sector on this issue through over 225 corporate commitments and partnerships. *Let's Move!* has leveraged the power of marketing to support healthier lifestyles. For example, *Let's Move!* partnered with Sesame Workshop and the Produce Marketing Association (PMA) to promote fresh fruit and vegetable consumption to kids through the eat brighter! campaign. The Drink Up campaign, a collaboration with companies to encourage Americans across the country to drink more water, has increased sales and consumption of water each year since its launch. Finally, the FNV campaign to market fresh fruits and vegetables has had 1 billion media impressions in its first year. Continued emphasis on these collaborations has the power to make real changes in food and beverage consumption in the United States.

6) Enhancing the implementation of the *Dietary Guidelines for Americans* and its alignment with food programs

Because of statutory requirements and robust outreach, Federal food programs including the National School Lunch Program, the Children and Adult Care Food Program, and food programs supported by the Administration for Community Living, have successfully aligned with DGA recommendations. Other Federal policies and programs, such as the FDA's Voluntary Sodium Reduction Goals and the updated Nutrition Facts label do so as well. Going forward, an interagency effort could consider the development of a formal implementation strategy to

ensure that the guidelines continue to be integrated into all relevant Federal programs. This might include tracking implementation, providing technical assistance, and designing new materials for varied populations and for varied specific activities.

7) Continued coordination of nutrition and physical activity programs and policies across Federal Agencies

With such a vast array of programs across many Federal departments and agencies (see Appendix), coordination can be challenging. *Let's Move!* has had tremendous success in fostering collaboration, both across Federal agencies and through novel partnerships with outside organizations such as the U.S. Olympic Committee. Moving forward, HHS can consider establishing an interagency working group to amplify the mission of *Let's Move!*. Such an entity could conduct an ongoing review of Federal programs and policies in nutrition and physical activity, assemble a team of designated departmental and agency liaisons, and actively connect departments and programs that are doing similar or complementary work.

CONCLUSIONS

The Federal government serves a critical and far-reaching role in improving diet quality and promoting physical activity and activity among Americans. Through its existing programs and policies, numerous Federal departments impact Americans in child care settings, schools, workplaces, homes, retail settings, and even in outdoor environments. Over the past decade, new policies and programs through the Affordable Care Act of 2010, the Healthy, Hunger-Free Kids Act of 2010, the Agricultural Act of 2014, and Every Student Succeeds Act of 2015, as well as the *Let's Move!* initiative have led to unprecedented improvements in Federal nutrition and physical activity policies and programs, reshaping the landscape of food and activity spaces. We have seen progress, but many opportunities still exist to expand and support this progress. By investing and committing the Federal enterprise to targeted change, the Federal government in general and the Department of Health and Human Services in particular can ensure a continuation of recent trends in improved diet quality and promote improvements in physical activity.

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APPENDIX

Major Ongoing Federal Programs and Activities Related to Nutrition and Physical Activity¹

Federal Agency/ Department	Program/Policy	Objective	Link
HHS/Office of the Assistant Secretary for Health	Dietary Guidelines for Americans (with USDA)	Scientifically-based guidelines to define criteria for healthy eating goals and objectives	https://health.gov/dietaryguidelines/
	Physical Activity Guidelines for Americans (with NIH and the President's Council on Fitness, Sports and Nutrition)	Scientifically-based guidelines to describe physical activity goals and objectives	https://health.gov/physicalactivityguidelines/
	President's Council on Fitness, Sports and Nutrition	Advisory committee that "engages, educates, and empowers all Americans to adopt a healthy lifestyle that includes regular physical activity and good nutrition" with the aid of public-private partnerships, social marketing, and fitness tools	http://www.fitness.gov/
	Healthy People 2020	Sets 10-year objectives to improve the health of Americans, including several policy and public health objectives on nutrition, physical activity, and healthy weight status	https://www.healthypeople.gov/
	Healthy Weight, Physical Activity, and Nutrition Working Group	HHS-wide working group that collaborates and discuss ongoing and future activities related to healthy weight, physical activity, and nutrition	
HHS/OASH/Office of Minority Health	Interagency Health Equity team	Initiative in collaboration with the National Partnership for Action to End Health Disparities to identify Federal levers to address health disparities, including in access to affordable healthy foods	http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=36

¹ While lengthy, this list is not an exhaustive inventory of all Federal programs in this space.

Federal Agency/ Department	Program/Policy	Objective	Link
HHS/OASH/Office of Adolescent Health	Adolescent Health: Think, Act, Grow	Program that encourages teen-focused organizations to work on activities to improve all types of adolescent health behaviors; provides resources, including videos	https://www.hhs.gov/ash/oah/tag/
HHS/OASH/Office of the Surgeon General	Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities	Guide developed by the Surgeon General's office to encourage myriad strategies to support physical activity; includes a strong implementation program with community-based organizations and private entities	http://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/
	Step It Up! Challenge	Joint effort between Fitbit and the office of the Surgeon General to promote walking and empower individuals with fitness data	https://www.stepitupusa.org/
	National Prevention Council	Interagency initiative sponsored by the Surgeon General's office to promote wellness activities across the Federal government and to implement the National Prevention Strategy, including several nutrition and physical activity components	http://www.surgeongeneral.gov/priorities/prevention/about/
HHS/Food and Drug Administration	Menu Labeling Requirements	Regulations to implement Federal requirements that chain food establishments selling prepared or ready-to-eat food provide consumers with accurate nutrition information on those foods	http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm217762.htm
	Updated Nutrition Facts Label	Updated Nutrition Facts label, including new graphics and content, including information on added sugars	http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm
	Voluntary Industry Salt Guidelines	Program to encourage food companies to decrease sodium content in items sold, particularly packaged foods	http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/ucm494732.htm

Federal Agency/ Department	Program/Policy	Objective	Link
HHS/Centers for Disease Control and Prevention	Fitwel Certification Program (now with Center for Active Design)	Provides certification for buildings that meet standards for promotion of onsite physical activity; program initiated developed by CDC, GSA, and the New York City Department of Health and Mental Hygiene	https://fitwel.org http://www.gsa.gov/portal/content/118614
	Hi-5 Program	Evaluate the most effective community-based programs to improve health, including school-based programs to promote physical activity	http://www.cdc.gov/policy/hst/hi5/
	Programs to Reduce Obesity in High Obesity Areas to Boost Prevention	Grant program that will provide funding for work in counties with obesity prevalence greater than 40 percent to promote community-wide obesity prevention efforts	http://www.cdc.gov/nccdphp/dnpao/state-local-programs/high-obesity-communities/index.html
	School Health Index	Self-assessment tool that can be used by schools to examine how their programs to support student health compare to other schools and to help them plan new policies and programs	http://www.cdc.gov/healthyschools/shi/index.htm
	CORD Program	CDC-funded initiative funded by the Affordable Care Act to implement and evaluate community-level interventions to improve children's nutrition and physical activity behaviors	http://www.cdc.gov/nccdphp/dnpao/division-information/programs/researchproject.html
	National Early Care and Education Learning Collaborative	Training program for early childhood education programs, intended to improve the environment for children (nutrition, breastfeeding support, physical activity, and screen time policies and practices); participating states (10) are starting to include obesity prevention standards into standards, such as licensing requirements	

Federal Agency/ Department	Program/Policy	Objective	Link
	Mall Walking Guide	Mall Walking guide with tools to encourage physical activity for older adults	https://www.cdc.gov/prc/mall_walking.html
HHS/Health Resources and Services Administration	Healthy Weight Collaborative	Program to link 50 community-based teams from around the US to promote sharing of “evidence-based, team-oriented clinical and community interventions to prevent and treat obesity for children and families”	http://www.hrsa.gov/communitiesofpractice/AtaGlance/healthypeyweight.pdf
	Rural Health Care Services Outreach Program	Program that will fund rural provider networks to support community-based programs improving care to rural areas, with the option to address population health outcomes	http://www.hrsa.gov/ruralhealth/programpopopportunities/fundingopportunities/default.aspx?id=e325b43e-a8ba-4368-ac25-363f6bab4115
	Women’s Preventive Services Guidelines	Supported by an Institute of Medicine report and involving several Federal agencies (including Office of Women’s Health within OASH), these guidelines provide a list of preventives services for women that should be covered by insurance without copays; calls for coverage of lactation counseling and breastfeeding support mechanisms, such as breast pumps	http://www.hrsa.gov/womensguidelines/
HHS/ Administration for Community Living (ACL)	Meals on Wheels America/Home-Delivered Nutrition Services	Supported by ACL (Title 3D) to provide meals to vulnerable aging population through 5000 community programs with over 1 million meals delivered daily; follows Dietary Guidelines for Americans recommendations	http://www.mealsonwheelsamerica.org/national/
	Congregate Nutrition Services Program	This program works through community-based organizations to provide vulnerable aging populations with meals in institutional settings	http://www.aoa.gov/AoA_programs/HPW/Nutrition_Services/index.aspx#nutrition_services
	National Resource Center on Nutrition and Aging	Provides training and technical assistance to community-based programs working to provide nutrition services to aging populations; managed by Meals on Wheels America	http://nutritionandaging.org/about-us/

Federal Agency/ Department	Program/Policy	Objective	Link
	Chronic Disease Self-Management Education Program	Provides funding to disseminate disease management programs, including a specific diabetes self-management toolkit; nutrition education is a component of these programs	http://www.aoa.acl.gov/AoA_Programs/HPW/ARRA/PPHF.aspx http://www.aoa.acl.gov/AoA_Programs/HPW/Diabetes/Index.aspx
HHS/Substance Abuse and Mental Health Services Administration (SAMHSA)	SAMHSA’s Wellness Initiative	Supports programs that decrease health disparities among people with serious mental and/or substance use disorders; built on Eight Dimensions of Wellness, including physical (includes physical activity and nutrition)	http://www.samhsa.gov/wellness-initiative
HHS/Indian Health Service	Special Diabetes Program for Indians	Collection of treatment and prevention programs to support diabetes care and prevention in American Indian communities, with a strong nutrition education and support component	https://www.ihs.gov/MedicalPrograms/Diabetes/?module=programsSDPI
	Healthy Weight for Life Initiative	Program to support healthy lifestyles and weight in 50 Native American Boys and Girls Clubs of America; program done in partnership with the National Congress of American Indians	
HHS/Center for Medicaid and Medicare Services	Diabetes Prevention Program (DPP) reimbursement	Plan to provide DPP benefit program to Medicare beneficiaries starting in 2018	https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf
HHS/National Institutes of Health	National Collaborative on Childhood Obesity Research (NCCOR)	An initiative to promote research on childhood obesity, involving NIH, CDC, USDA, and the Robert Wood Johnson Foundation	http://www.nccor.org/about/

Federal Agency/ Department	Program/Policy	Objective	Link
	Weight-control Information Network (WIN)	Provides the general public and health professionals with evidence-based information and resources on obesity, weight control, physical activity and related topics	https://www.niddk.nih.gov/health-information/health-communication-programs/win/Pages/default.aspx
	We Can! (Ways to Enhance Children’s Activity and Nutrition)	Provides resources and educational materials to for parents, caregivers, communities and health professionals to help promote healthy weight for children ages 8 to 13	https://www.nhlbi.nih.gov/health/educational/wecan/about-wecan/index.htm
Department of Defense	Healthy Base Initiative	Comprehensive wellness pilot intended to improve health behaviors of DoD employees	
	Go for Green	Traffic light labeling program in DoD cafeterias	http://hprc-online.org/nutrition/go-for-green
Department of Transportation	Rides to Wellness Initiative	Program to promote partnerships between health care and transportation providers to accommodate access to health care and improve health; includes the Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants pilot program	https://www.transit.dot.gov/ccam/about/initiatives
	Mobility on Demand Sandbox Program	Program to evaluate initiatives that will provide access to mobility and transportation, including bike share programs	https://www.transit.dot.gov/funding/applying/notices-funding/mobility-demand-mod-sandbox-program
	Transportation and Health Tool	Tool jointly developed by DOT and CDC that provides information about 14 leading indicators relevant to transportation and health at the state, MSA, and UZA level	https://www.transportation.gov/transportation-health-tool

Federal Agency/ Department	Program/Policy	Objective	Link
	Federal guidance on use of FTA funding	Per 2011 Federal guidance, FTA funding can be used for walking and biking paths within 1 mile of a transit stop for walking and 3 miles for biking	https://www.transit.dot.gov/grants
Department of Education	Carol M. White Physical Activity Program	Provides grants to states for school-based physical activity programs (soon to sunset)	http://www2.ed.gov/programs/whitephysed/index.html
	Every Student Succeeds Act	Replaces the Carol M. White Program and provides funding opportunities for a range of school-based programs to promote health, including the Safe and Healthy Students program	http://www2.ed.gov/about/offices/list/ose/legislation.html
	21st Century Community Learning Centers	Program that funds the creation of community centers to support children before and after school, including some health-related activities (mostly recreational programs)	http://www2.ed.gov/programs/21stcccl/index.html
Federal Trade Commission	Review and Evaluation of Food Marketing Programs to Children and Adolescents	Will examine “food marketing, self-regulation and childhood obesity”; will document television food advertising to children and adolescents	https://www.ftc.gov/food-marketing-to-children-and-adolescents
Department of Agriculture	National School Lunch Program	Program that provides low-cost or free lunch for school children	http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp
	Additional Food Programs for School-Age Children (Fresh Fruit and Vegetable Program, School Breakfast Program, Special Milk Program)	Additional school or child-care nutrition programs providing free or reduced-cost access to different types of food	http://www.fns.usda.gov/sbp/school-breakfast-program-sbp; http://www.fns.usda.gov/ffvp/fresh-fruit-and-vegetable-program; http://www.fns.usda.gov/smp/special-milk-program

Federal Agency/ Department	Program/Policy	Objective	Link
	Summer Food Service Program	Programs that provides food to school-age children over the summer, similar to the National School Lunch Program	http://www.fns.usda.gov/sfsp/summer-food-service-program
	Supplemental Nutrition Assistance Program (SNAP)	Provides nutrition assistance to low-income families (commonly known as Food Stamps)	http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap
	Enhancing Retailer Standards in the SNAP program	Regulations that will require greater depth of stock for retailers participating in the SNAP program	http://www.fns.usda.gov/fr-021716
	SNAP-Ed	Program to provide nutrition education to participants in the SNAP program	http://www.fns.usda.gov/snap/nutrition-education
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Program to provide “supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk”	http://www.fns.usda.gov/wic/women-infants-and-children-wic
	Local School Wellness Policy	Requirement that schools participating in National School Lunch Program develop a wellness policy that includes plans for nutrition promotion and education, physical activity, and articulates policies and standards regarding food and beverages provided, sold, or marketed in schools	http://www.fns.usda.gov/tn/local-school-wellness-policy
	Child and Adult Care Food Program (CACFP)	Program that “provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons”	http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program
	Farm to School Grant Program	Grant program to facilitate access to local foods for schools	http://www.fns.usda.gov/sfsp/summer-food-service-program

Federal Agency/ Department	Program/Policy	Objective	Link
	HealthierUS School Challenge	Program that provide recognition to schools that have created healthier school environments with respect to nutrition and physical activity	http://www.fns.usda.gov/hussc/healthier-us-school-challenge-smarter-lunchrooms
	Food Distribution Programs	Includes a number of specific programs that involve the direct provision of food to specific entities (includes the Commodity Food Program)	http://www.fns.usda.gov/fdd/food-distribution-programs
	Supertracker	A visually appealing, comprehensive, state-of-the-art resource designed to assist individuals as they make changes in their life to reduce their risk of chronic disease and maintain a healthy weight; consumers can choose a variety of features to support nutrition and physical activity goals.	https://www.supertracker.usda.gov/
	Food Insecurity Nutrition Incentive Program (FINI)	Grant program that provides funding for programs that incentivize the purchase of fruit and vegetables at authorized retailers, primarily farmer’s markets	https://nifa.usda.gov/program/food-insecurity-nutrition-incentive-fini-grant-program
Department of Veterans Affairs	Move! Program	Screening and weight management programs for veterans receiving care in VA facilities; includes components allowing remote connections	http://www.move.va.gov/
Environmental Protection Agency	Healthy Places for Healthy People	Pilot project to fund communities to create walkable, healthy, economically vibrant places by engaging with health care facility partners, nonprofit hospitals and other health care facilities. Funding is provided for creating physical activity programs and supporting sidewalks, bike paths, trails, and parks to promote active living	https://www.epa.gov/smartgrowth/healthy-places-healthy-people
Department of Interior	Healthy Parks for Healthy People	Addresses health promotion in parks and communities at local, state, and international levels through five main programmatic areas, including healthy recreation.	https://www.nps.gov/public_health/hp/hphp.htm
	Pathways to Healthy Living	Initiative through the Rivers, Trails and Conservation Assistance Program to encourage healthful outdoor physical activity in National Parks and local communities	www.nps.gov/rtca