



PARTNER-LED CONVENING TO INFORM THE WHITE HOUSE CONFERENCE ON HUNGER, NUTRITION, AND HEALTH:

Hosted in collaboration with the Plant Based Foods Association and the Historically Black College and University College of Plant-Based Lifestyle Medicine



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OVERVIEW

The 2022 White House Conference on Hunger, Nutrition, and Health set a paramount goal to “end hunger and increase healthy eating and physical activity by 2030, so that fewer Americans experience diet-related diseases like diabetes, obesity, and hypertension.”¹ To meet this goal will require a concerted, collaborative effort from public and private sectors to accelerate progress and drive transformative change in the U.S. to end hunger, improve nutrition and physical activity, and close disparities surrounding them.

LEADING ORGANIZATIONS AND PURPOSE

The Plant Based Foods Association (PBFA)² and the Historically Black Colleges and Universities College of Plant-Based Lifestyle Medicine (HBCU-CPLM)³ convened a workshop on June 30th, 2022 for PBFA members and affiliates, partner organizations, and the HBCU-PLM network of medical professionals. Plant-based foods are a rapidly growing sector of the food and beverage industry, and retail data shows that the primary reason shoppers choose plant-based food products is for their personal health. The community of medical professionals who promote health equity and practice plant-based lifestyle medicine aim to address the interconnected issues of health disparities disproportionately affecting Black communities, lack of education regarding plant-based diets and making lifestyle changes, and lack of clinics and healthcare professionals on historically Black college campuses. By bringing together PBFA’s food industry insights and HBCU-CPLM’s health and nutrition expertise, we offer in this report innovative thinking on ways to achieve the goals of the White House Conference on Hunger, Nutrition, and Health.

During our convening, we addressed three Pillars that define the scope of the White House Conference on Hunger, Nutrition, and Health: Improving food access and affordability, integrating nutrition and health, and empowering all consumers to make and have access to healthy choices. Participants of this convening included industry leaders, medical professionals, investors, and researchers. Many who are quoted in this report are founders, farmers, doctors, attorneys, public health and policy professionals, and vested community members. Participants shared from their personal and professional experiences to inform the conversation.

¹White House Conference on Hunger, Nutrition, and Health, [health.gov](https://www.health.gov).

²Plant Based Foods Association, <http://www.plantbasedfoods.org>.

³HBCU College of Plant-Based Lifestyle Medicine, <https://www.hbcuplantbasedlifestyle.com>.

PLANT BASED FOODS ASSOCIATION

The Plant Based Foods Association (PBFA) is a member-based trade organization that champions, strengthens, and elevates our members and the plant-based foods industry. We currently represent over 350 members. The Plant Based Foods Institute (PBFI), our sister non-profit organization, is focused on driving a transition to a plant-based food system through policy and business strategies.

We aim to foster a thriving plant-based foods industry that creates, grows, and meets market demand, facilitates a shift to plant-based diets and the displacement of animal agriculture, and promotes a transition in agricultural production that is diversified, regenerative, resilient, adaptive, and based on plants for direct human consumption.

HBCU COLLEGE OF PLANT-BASED LIFESTYLE MEDICINE

The HBCU College of Plant-Based Lifestyle Medicine (HBCU-CPLM) is the first and only BIPOC-led 501(c)(3) Plant-Based Lifestyle Medicine education and training organization, founded during the COVID-19 pandemic. The mission is to train and educate BIPOC medical professionals and BIPOC students at Historically Black Colleges and Universities (HBCU) on THE TEN LAWS of Plant-Based Lifestyle Medicine, which includes prescribing a diet of 100% whole plant food, grown without animal byproducts, with some minimally processed, packaged plant-based foods.⁴ The goal of the network is to disrupt the current “sick-care” delivery model by fostering a health promotion and disease prevention delivery system that scientific evidence proves can reverse chronic disease outcomes in BIPOC communities.

The HBCU Plant-Based Food & Beverage Association, HBCU-CPLM's sister subsidiary organization, is focused on developing the plant-based food supply chain on HBCU campuses through training HBCU cafeteria food services leaders in PLM and accelerating BIPOC owned plant-based foodpreneurs, farmers, and business innovators through funding and contracting with HBCU cafeteria food services and major plant-based food manufacturers in the industry.

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⁴HBCUCPLM - Mission & Strategic Plan 2020 - 2021, <https://www.flipstsnack.com/hbculifestylemedicine/hbcu-college-of-plant-based-medicine.html>.

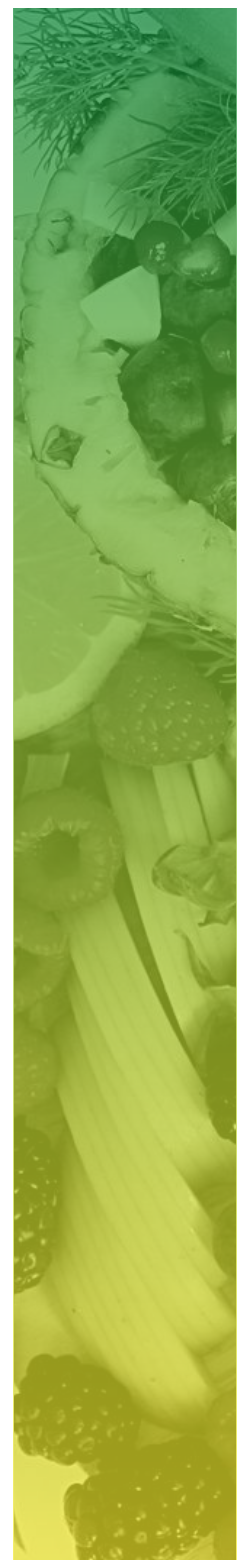
ROLE OF PLANT-BASED FOODS AND DIETS IN IMPROVING NUTRITION AND REDUCING DIET-RELATED DISEASES

Planetary health and sustainability are foundational principles of the plant-based foods industry. A plant-based diet consisting of fruits, vegetables, and plant-based ingredients not derived from animals have a unique role in healthy diets and dietary patterns. Research has consistently shown that plant-based foods can help people maintain a healthy weight, reduce the risk of diabetes, and protect against many forms of cancer and other diseases.

A plant-based diet is one consisting of food made from plants: vegetables, fruits, whole grains, nuts, seeds, and beans. There are many forms of strict and flexitarian plant-based eating patterns that include: a vegetarian diet, consisting of an eating pattern that integrates plant-based foods with eggs, dairy foods, and occasionally meat, poultry, fish, and seafood; and a lacto-ovo vegetarian eating pattern that includes eggs and dairy foods, but no meat, poultry, fish, or seafood. A 100 percent plant-based eating pattern excludes all forms of animal products, including all animal-derived ingredients.

A plant-based diet is nutrient-dense and packed with fiber, healthy fats, protein, vitamins, and minerals. Plant-based foods have a unique role in healthy diets and dietary patterns, which optimize and improve health at all life stages. These diets are appropriate for all stages of the life cycle, including pregnancy, lactation, infancy, childhood, adolescence, and older adulthood.⁵ Research has consistently shown that plant-based foods can help people maintain a healthy weight, reduce the risk of diabetes, and protect against many forms of cancer and other diseases.⁶

These protective health benefits are particularly important in the United States, where chronic disease accounts for 70% of all deaths, including diet-related chronic disease such as heart disease, type 2 diabetes, and obesity.⁷ American diets are generally poor in nutritional quality and do not align with the Dietary Guidelines for Americans, with the average Healthy Eating Index score of 58 out of 100.⁸ This is relatively consistent across all age groups. Plant-based foods high in fiber are also essential to a healthy diet as research shows only 5% of the U.S. population meet fiber intake recommendations, leading to public health concerns.⁹ Consuming more fruits, vegetables, whole grains, and legumes aligns with recommendations to increase consumption of nutrient-dense foods and would align with the nutritional goals of the Dietary Guidelines.



⁵Melina, V., et al. (2016). "Position of the Academy of Nutrition and Dietetics: Vegetarian Diets." *Journal of the Academy of Nutrition and Dietetics* 116(12): 1970-1980.

⁶Hemler, E. C. and F. B. Hu (2019). "Plant-Based Diets for Cardiovascular Disease Prevention: All Plant Foods Are Not Created Equal." *Curr Atheroscler Rep* 21(5): 18.

⁷Centers for Disease Control and Prevention. Retrieved July 7, 2022 from [Access to Healthy Foods | Overweight and Obesity | CDC](#).

⁸USDA Food and Nutrition Service. HEI Scores for Americans. Retrieved July 10, 2022 from [HEI Scores for Americans | Food and Nutrition Service \(usda.gov\)](#).

⁹Quagliani D, Felt-Gunderson P. Closing America's Fiber Intake Gap: Communication Strategies From a Food and Fiber Summit. *Am J Lifestyle Med*. 2016 Jul 7;11(1):80-85. doi: 10.1177/1559827615588079. PMID: 30202317; PMCID: PMC6124841.

However, numerous barriers exist that may make it challenging for individuals and families to make this transition. Vulnerable communities often lack access to affordable healthier foods, and plant-based options are not consistently available in some federal nutrition programs.

There is substantial scientific evidence that links diets with human health and environmental sustainability. In January 2019, the EAT-Lancet Commission issued a report based on a growing body of research that identifies global food consumption as a key driver of human health and environmental sustainability. The report's recommendations include a diet rich in plant-based foods and with fewer animal-source foods.¹⁰ In modeling analysis, replacing animal-source foods with plant-based ones was particularly effective in high-income countries for improving nutrient levels, lowering premature mortality, and reducing some environmental impacts, particularly greenhouse gas emissions.¹¹

ISSUES IN FOOD SYSTEMS AND LAND USE HINDERING BETTER NUTRITION

A variety of food systems, social, and economic issues directly impact consumers' ability to access healthy food options. In 2020, nearly 13 million households experienced food insecurity due to a lack of economic resources to purchase food for their families.¹² The COVID-19 pandemic significantly increased food-insecure households, with direct impact to families of color with children.¹³ As many families struggle to adjust to higher food and living costs, prioritizing healthy food options over easily accessible, lower-quality meals is a difficult balancing act, especially for food-insecure and vulnerable families. Of great importance is to support communities of color by investing in these communities to ensure their own food security.¹⁴

U.S. farmers are vulnerable to changing trade policies and global events. As consumers contend with rising food costs, there is an opportunity for policies to shift and support local farms and food services. Considering the purpose of this conference to address hunger, nutrition, and health, the administration must examine ways U.S. farmland production can be transformed to solve these critical issues. Local farmers often experience structural barriers like zoning, certifications, and price competition that make it difficult for them to access local markets. Historic biases and barriers created inequities for BIPOC farmers to participate in local food economies. It is critically important to support and invest in communities of color so they can ensure their own food security.

¹⁰EAT-Lancet Commission. (n.d.). The Planetary Health Diet. Retrieved July 8, 2022, from <https://eatforum.org/eat-lancet-commission/the-planetary-health-diet-and-you>.

¹¹Springmann, M., et al. (2018). "Health and nutritional aspects of sustainable diet strategies and their association with environmental impacts: a global modelling analysis with country-level detail." *Lancet Planet Health* 2(10): e451-e461.

¹²Household Food Security in the United States in 2020, ERR-298 USDA, Economic Research Service. Retrieved July 10, 2022. <https://www.ers.usda.gov/pubs/err298/>

¹³Bleich, Sara, et al. "Why Partisan Politics Keeps 14 Million Hungry Children from Getting the Food They Need." USA Today, Gannett Satellite Information Network, 28 Oct. 2020, <https://www.usatoday.com/story/opinion/2020/10/28/how-politics-keeps-14-million-american-kids-getting-enough-food-column/6051427002>.

¹⁴Brones, Anna. "Karen Washington: It's Not a Food Desert, It's Food Apartheid." *Guernica*, 10 May 2018, <https://www.guernicamag.com/karen-washington-its-not-a-food-desert-its-food-apartheid>.

EQUITY IN FOOD AND HEALTH SYSTEMS

Structural inequities in institutional policies, particularly in healthcare and community resources, show unfair distribution of resources to communities of color, due to implicit and explicit bias or systemic drivers such as racism, sexism, classism, ableism, xenophobia, and homophobia.¹⁵ Policies that decide placement for hospitals, grocery stores, and essential community amenities have consequential effects on access to critical needs such as food, education, and care. Millions of Americans struggle with diet-related diseases and health disparities among diverse populations expose structural inequities in policy and care. Social determinants of health such as economic stability, healthcare access, transportation, and built environments all contribute to an overall quality of life, and flux in these areas can have rippling impacts on food security.¹⁶ Though a lack of access to local healthy foods is a key issue impacting food security, conversely, access to high-caloric, low-nutrient foods are also related to food insecurity, contributing to obesity, cardiovascular diseases, and other diet-related illness.¹⁷ Diet-related illness disproportionately impacts Black and Hispanic communities, and communities living in areas of concentrated poverty.

The three largest federal nutrition assistance programs: SNAP; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the National School Lunch Program offer food assistance programs to individuals who meet eligibility criteria.¹⁸ Though these programs help families out of temporary periods of hunger and poverty, many American families still struggle with rising costs for housing, healthcare, and other necessities.¹⁹ Procurement of plant-based entree and milk options in these programs, particularly lacking within the National School Lunch Program, will increase access to plant-based foods for children who require them due to health or religious reasons.²⁰ Increased plant-based options in school lunch settings can go beyond healthy eating initiatives and become permanent cafeteria meal options.²¹

¹⁵National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. *Communities in Action: Pathways to Health Equity*. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, The Root Causes of Health Inequity. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425845>.

¹⁶"Food Insecurity." *Food Insecurity | Healthy People 2020*, Office of Disease Prevention and Health Promotion, <https://www.hhs.gov/healthypeople/2020/food-insecurity/>.

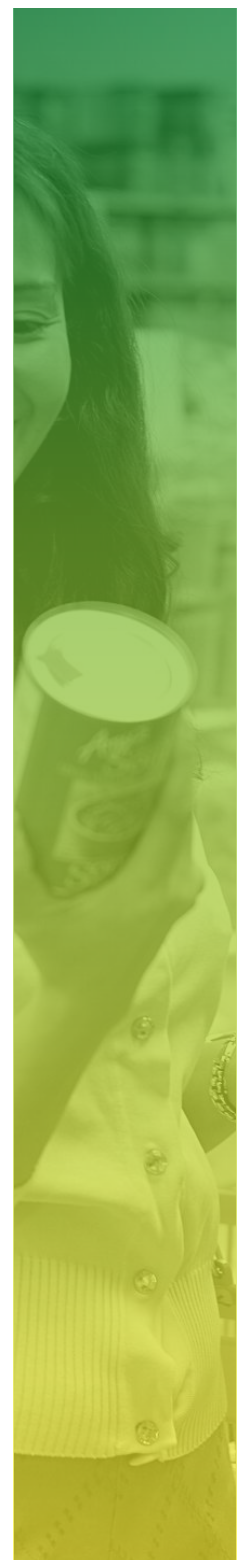
¹⁷Table 1. How Determinants of Health Affect Food Insecurity, Health Research & Educational Trust. (2017, June). *Social determinants of health series: Food insecurity and the role of hospitals*. Chicago, IL: Health Research & Educational Trust. Accessed at <http://www.aha.org/foodinsecurity>.

¹⁸"FNS Nutrition Programs." *Food and Nutrition Service U.S. Department of Agriculture*, <https://www.fns.usda.gov/programs>.

¹⁹Carlson, Steven, et al. "More Adequate SNAP Benefits Would Help Millions of Participants Better Afford Food." *Center on Budget and Policy Priorities*, 15 July 2021, <https://www.cbpp.org/research/food-assistance/more-adequate-snap-benefits-would-help-millions-of-participants-better-afford-food>.

²⁰Holt, Steve. "Vegan Fridays for All? More Schools Offer Plant-Based Meals." *Civil Eats*, 21 Mar. 2022, <https://civileats.com/2022/03/21/vegan-fridays-for-all-more-schools-offer-plant-based-meals>.

²¹Starostinetskaya, Anna. "California Is First State to Support Plant-Based School Meals with Historic \$700 Million Investment." *VegNews.com*, VegNews, 5 July 2022, <https://vegnews.com/2022/7/california-plant-based-school-meals-investment>.



THROUGH THE LENS OF PLANT-BASED: PLANT-BASED FOODS ASSOCIATION - HBCU COLLEGE OF PLANT-BASED LIFESTYLE MEDICINE CONVENING

Our 28 participants engaged on the three “Pillars of Focus” that are most applicable to our work:

1. Improve food access and affordability
2. Integrate nutrition and health
3. Empower all consumers to make and have access to healthy choices

This convening took place virtually between two moderator-led breakout discussions following the toolkit questions. Moderators were able to lead the conversation based on the input from participants. A link to the invitation can be found here: <https://bit.ly/3z9BHYo>.

Through our discussions, several key themes emerged:

Participants expressed personal experiences of how highly processed foods, overconsumption, and accessibility impacts their life and their families. Through our conversation, it was clear that consumption of fruits, vegetables, legumes, and grains are intrinsically connected with healthy people and communities.

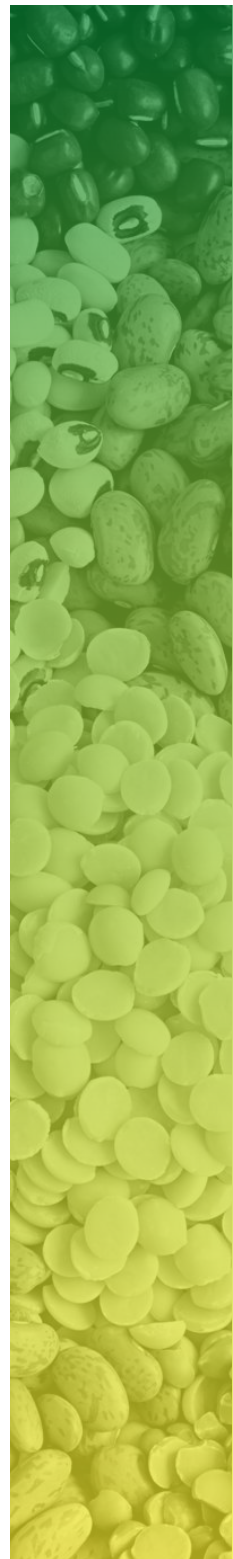
Multiple participants spoke about diet-related disease in their families and communities. They link diseases like diabetes and cancer to poor diet quality and overconsumption of highly processed foods.

“There is an abundance of empty calories! Given rise to blood sugar diseases and obesity...revamping our entire food system is necessary to remove ourselves from the industrial model that prioritizes empty calories.” - Participant

There are accessibility and economic barriers to nutritious food in both urban and rural areas. We must broaden our definition of a healthy diet and empower consumers by showing them the full array of healthy foods, directly in communities.

“When talking about hunger, it is really important to empower consumers to regain their ability to purchase the foods most relevant to their culture and traditional needs.” - Participant

(paraphrase) “Food deserts in Washington, D.C. create access issues within wards, and people go to convenience stores and get those empty calories. Wal-Mart purchased huge swaths of land in D.C. to establish stores and decided against using it in Wards 7 and 8. That land could be used for other grocery stores, but they haven’t given up the land or sold it.” - Participant



“Feeding children is a challenge: Feed the Gap tries to address this, but having access to whole foods and better nutrition in schools is a priority - especially in rural gap areas.” - Participant



Participants expressed concerns about the affordability of whole plant, nutritious, organic, and allergen-friendly foods.

Access barriers extend to the farming community. Participants from the agriculture sector detailed how lack of access to land and markets limits more healthful crop production: New farmers, urban farms, and conventional farmers are challenged to convert to crops that are more climate-friendly and nutrient-dense without addressing economic risk and ensuring off-take markets.

Healthcare professionals need more training and education on nutrition. They need to spend time with their patients talking about diet and forming healthy eating patterns.

Clinicians receive less than 40 hours of nutrition education. There is a clear need for incentives or reimbursement for medical professionals to include nutrition in their patient interactions.

Support of the Medically Tailored Meals Demonstration Program (HR 6774) that empowers clinicians to prescribe healthy meals to patients is critical to providing communities with greater access to healthy prepared meals.

There is strong support for increased funding and programming at the community level to support consumption of fruits, vegetables, diverse grains, and plant-based food products - through food assistance programs, farmers market incentive programs, and bulk purchasing and distribution for rural communities.

Specific examples of successful programs offered by our participants are the AfroVegan society (<https://www.afrovegansociety.org>), Feed the Gap (<http://feedthegap.org>), and ProduceRX (<https://www.dcgreens.org/produce-rx>).

Schools must play a role in teaching kids the basics of nutrition. Home Economics must be reinvented and school kitchens must be modernized to prepare and educate kids about nutritious food, and diverse, culturally-responsive diet patterns.

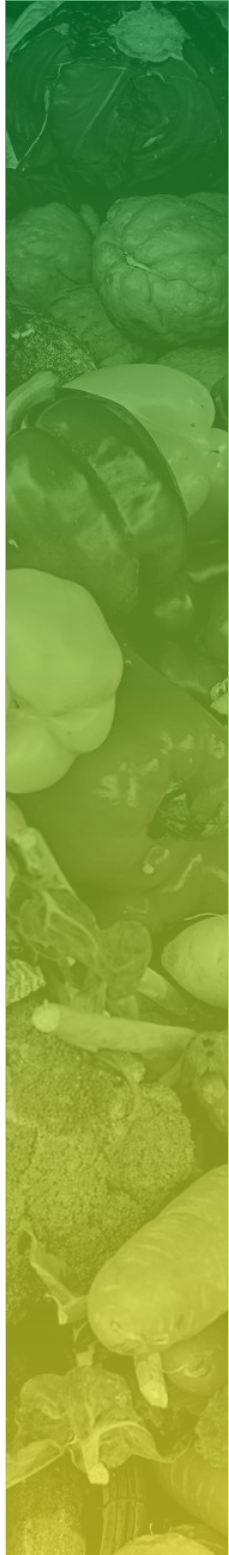
“People need access to kitchens and education about cooking. We need a 'Bring Back Home Economics' movement. Every kid should know how to boil water, soak and cook beans.” - Participant



We need to increase funding for research on plant-based foods and health outcomes.

Participants cited a dearth of current research on plant-based diets.

"The one thing that I tell every patient about why I recommend a whole foods plant-based diet - life is rare. We are all given such a rare opportunity to experience life. The ability to enjoy one more birthday, one more holiday, this is why it's so important to do this work. I can't lose another friend or family member because of a disease that could have been prevented." - Participant



RESPONDING TO TOOLKIT QUESTIONS

Anecdotal responses from participants to some of the toolkit questions are captured in the key themes. Here are responses for what actions policymakers can take to address each pillar.

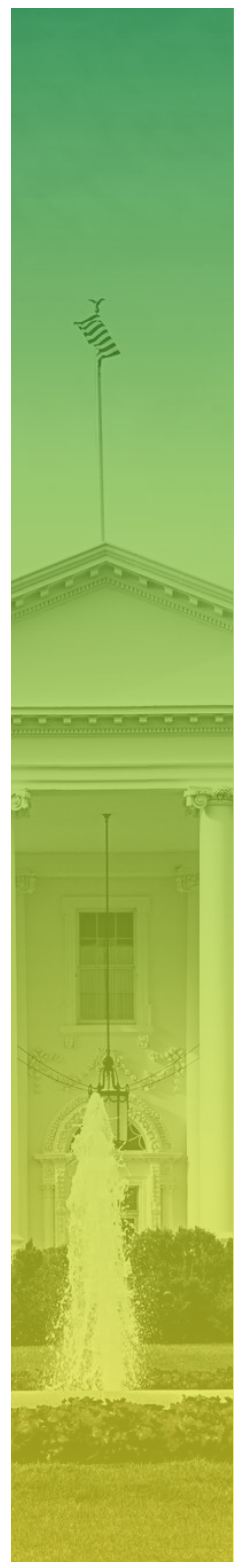
What specific actions should the U.S. federal government, including the executive branch and Congress, take to achieve each pillar?

Jessica Hulse Dillon, Director of Network Engagement: We are preparing for a farm bill. We need to focus on increasing funding for those who need food assistance as well as bolstering programs that provide programs at the market level. For example, automatically doubling farmers market dollars. Can we build that into areas to help farmers markets survive and help the farmers? What's great about that is there is a ton of research about the impact at the consumer, farmer, and farmer's market communities. Most locally grown foods are regenerative in nature.

Dr. Lakshman Mulpuri, HBCU/CPLM and Practitioner: Michigan has double-up food bucks. A big component - accessibility is missing! One way to improve this is bulk purchasing and distribution for rural and urban areas. On education, we can build all the supply in the world but the demand has to be there. We need to look at how we can make it easier for nutritionists and healthcare providers to offer a certain degree of counseling on nutrition. There is no incentive or reimbursement for healthcare providers to do this. Supply side - bulk produce purchasing of foods that are culturally-sensitive, supply them to food pantries, community SNAP providers.

Paul Turcotte, Co-Founder, Director of Development and HR Consultant: There is a disconnect between the practice of what doctors do and the cause of what brought them there. Doctors don't have conversations about what people are eating, is it a healthy diet? Something in the annual physical, where to send the person if there is a problem, some kind of compensation. So many doctors are completely disconnected from nutrition. As a vegan, how to find a doctor who understands their worldview. Not criticizing or judging, but giving insight and direction.

Dr. Mulpuri (response): There are less than 40 hours of nutrition education given to clinicians. Need to do a better job of education for health care providers - more incentive for medical schools, nursing schools. How do we incentivize a doctor to spend an extra five minutes with their patient on nutrition? Need some kind of incentive or reimbursement.



Joni Kindwall-Moore, CEO with Snacktivist, Inc. and Diabetic Educator:

Founded my company as a long time pharma researcher and ICU nurse, what we saw there is a fundamental disconnect. Spent many hours working 1:1 as a certified diabetes educator. Insurance won't cover a visit for obesity but will once you have diabetes. That alone loses so many people that need the most help. We were very focused on fresh fruits and vegetables, but for rural communities, it's really hard to access fresh foods. We are innovating on nutrient density in grain and legume-based foods. Many people live on processed carbs because they can't afford fresh products. We are trying to reclaim the grain sector! Let's make a more nutritious grain-based food.

Charlotte Blumenthal, Research Fellow: Food access and affordability is tied to other types of economic access. How much will the conference acknowledge inequality?

Carl Jorgensen, Agriculture Consultant: Make it possible for young people to begin farming. Lots of young people want to farm, but it's cost-prohibitive. Redistribution of farm management to those who really value the land. The current [agriculture] system is rooted in post-WWII, Earl Butz Sec. of Ag., "go big or go home" increasing scale and consolidation has been the approach. This resulted in decreasing food quality and opportunities for small farms, losing out to large corporate interests in farming, retail, distribution, etc.

Dr. Tracey Murray, Dean and Professor of Health: Federal funding to address soil, park farming, urban farming, and working with universities (HBCUs, especially) and create grants for courses and new programs that allow young people to get involved in farming.

Graham Kerwin, representing growers cooperative in Montana:

(paraphrased) Increase awareness around healthier crops, education about crop diversity, and increase technical know-how for farmers with growing different crops. Wheat is the biggest focus of grain growing, so we need more information on other grains.

What specific actions should the U.S. federal government, including the executive branch and Congress, take to achieve each pillar?

Dr. Mulpuri: Strong believer in supporting a grassroots movement - AfroVegan society in Baltimore. Educate on the benefits of nutrition. More funding for HBCU colleges to expand local plant-based options, food pantries, HBCU hospitals, larger urban areas for community centers to prescribe nutrition and offer economic support. **Big opportunity for us to push that plant-based diets are not less affordable, but are inaccessible.**



Joni Kindwall-Moore: People need access to kitchens and education about cooking. Taught a whole bunch of different cooking fundamentals. Government could help with that education in schools. Not happening in rural Idaho where I live. We need a “Bring back Home Economics” movement. Every kid should know how to boil water, soak and cook beans, etc.

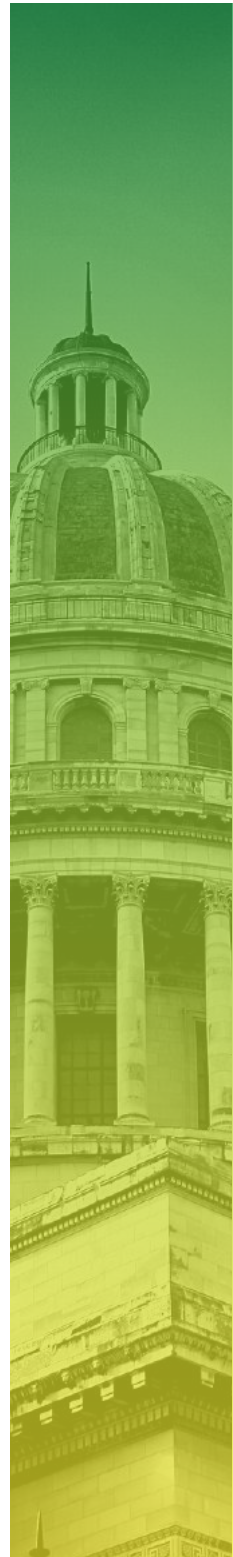
Sara Fletcher, Director of Public Affairs at Oatly: We have had fantastic conversations with organizations doing the work of putting education in schools. Right now it takes the support of outside organizations to do that and they can't cover everywhere. How are we supporting education around food in schools more broadly? In health or science classes, or other places. Also, we talked to about 20 different nutrition experts, doctors, and researchers focused on plant-based foods and a common thread was to *fund research*. We are working on a dearth of research on plant-based eating in the United States. We don't have up to date modern U.S. research on plant-based diets and their health impacts. Increase funding for this research.

Emma Ignaszewski, Associate Director of Industry Intelligence & Initiatives: At GFI, we would like to see as part of the federal agenda increasing federal R&D funding for research into crop development for plant-based foods and plant-based food production technology. That research can help us expand the available portfolio of plant-based foods to meet the cultural and culinary needs of the entire population in healthier but still tasty ways. We're in an era where food system innovation for health could have incredible co-benefits for addressing global issues like climate change. We would also like to see the federal government act upon integrating food system solutions into climate mitigation funding opportunities and specifying food system emissions reduction goals in climate commitments, which can further funnel resources to the food space.

Dr. Mulpuri: Pre-packaged whole foods meals that can be prescribed to the patients and paid for, can we improve funding for this.

Jennifer Weber, Registered Dietitian: Have worked with many consumers and we need to be much broader in our definition of a healthy diet. We use a cookie cutter healthy diet and then we see it trickle into the federal eating program. Consumers are not empowered when we are showing them foods that don't represent the full array of ways to consume a healthy diet.

Dr. Dawn Thurman, Associate Professor, Morgan State University; HBCU/CPLM: Individuals in Baltimore suffering from hunger are usually lacking access to whole foods, plant-based foods, etc. This is both economic and physical in terms of issues with access. (*continued >>*)



Federal and state governments could purchase bulk plant-based foods and offer them via SNAP and food pantries. Funding could be provided to pantries to have freezers, so as to allow the purchasing of fresh produce. Funding for access and funding to replace existing programs relying on unhealthy or processed foods. [Food pantries programs] have to be maintained and work to improve stability and access to perishable foods.

Sophia Weiss, Research Fellow: When talking about hunger, it is really important to empower consumers to regain their ability to purchase the foods most relevant to their culture and traditional needs. One way to do that is through the lens of food sovereignty. Supporting local efforts for food sovereignty programs - growing and producing foods in their local communities and gardens.

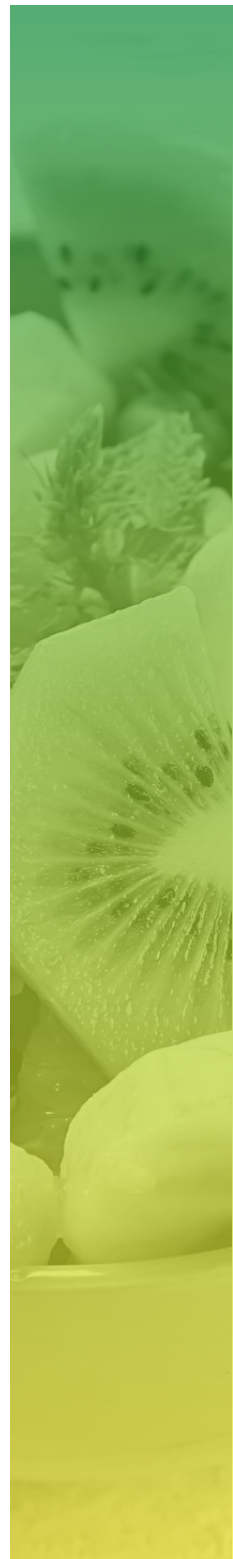
What are opportunities for public- and private-sector partners to work together to achieve each pillar?

Karyn Andrew, Director of Marketing, Finless Foods: We need convenient options! When a parent is not in the house, we need a convenient option. We need the food manufacturers to make healthier prepared options. What is in the house that is convenient for people to heat up?

Dr. Dawn Thurman: Stakeholders, monetary funding to support infrastructure in the HBCU community to provide educational opportunities.

Dr. Tracey Murray: Holistic care is a necessary movement. A look into infrastructure to incentivize farmers to diversify their crops depending on what is already grown in their zip codes. How can we incentivize these programs again?

Graham Kerwin: What role is there for foodservice distributors? Involving those businesses in this conversation.



POLICY RECOMMENDATIONS

Broadly, we support making plant-based foods available everywhere the federal government is involved in serving food.

This simple recommendation is consistent with the Dietary Guidelines for Americans (DGA), which guide purchasing decisions not only in schools, but also in hospitals, prisons, nursing homes, and many other institutions.

Additional policies that should be adopted include:

- 1** Fortified soymilk should be offered on the same basis as dairy fluid milk in child nutrition programs, without a validated special diet or religious reason for the substitution.
- 2** Soy-based yogurt and milk alternatives should be included in the new meal pattern requirements for upcoming school years.
- 3** The USDA should create a framework for rolling approval of plant-based products that meet the nutrient requirements of WIC and other feeding programs.
- 4** The USDA should create a pilot program envisioned by the Healthy Future Students & Earth Act (HFSEA) in USDA's newly announced Healthy Food Incentive Fund. The HFSEA (H.R.4108) would establish a \$10 million voluntary grants program to support school districts in procuring, preparing, and marketing plant-based meal options.
- 5** Technical assistance should be provided to School Food Authorities in serving more plant-based foods and fiber-rich entrée options. Food and Nutrition Services could help operators navigate challenges of serving more plant-based foods through technical assistance and best practices for procuring, menuing, and marketing plant-based meal offerings.
- 6** The USDA Foods Program should expand the availability of plant-based ingredients and ready-to-serve plant-based food options. The USDA Foods Program offers limited plant-based ingredients and ready-to-serve plant-based food options like black bean burgers or falafel. Expanding these offerings such that schools can purchase plant-based food options through their entitlement dollars will help schools cost-effectively offer more diverse protein choices.

POLICY RECOMMENDATIONS

- 7** USDA should create a pilot program for BIPOC/HBCU universities to develop Centers of Plant-Based Lifestyle Research and Food Innovation for the acceleration of BIPOC farmers and foodpreneurs to enter the plant-based food supply chain, utilizing new sustainable farming and food production methods.
- 8** The Department of Health and Human Services should create a pilot pipeline program for the development of plant-based lifestyle medicine certification and degree programs at BIPOC/HBCU universities, along with funding for the development of plant-based lifestyle community medical clinics, particularly on campuses without any health clinic services.

The federal government has an important role to play in bringing nutritious foods to Americans. From government feeding programs and military installations to healthcare and schools, this conference offers the opportunity to re-align nutrition, diets, and cultures for a healthier future.



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