



American Heart Association®
Healthy for Good™

SIXTH ANNUAL
**FOODSCAPE
INNOVATION™
SUMMIT**



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the American Heart Association's
Healthy for Good™ initiative.



Executive Summary

The Annual Foodscape Innovation™ Summit is an essential part of the American Heart Association's (AHA) food systems work in support of health equity. The AHA is committed to advancing cardiovascular health for all by 2024. This includes identifying and removing barriers to health care access and quality, as well as facilitating opportunities for stakeholders to communicate and find common ground for action with an eye toward empowerment, representation, cultural humility, common language, values and empathy.

The sixth annual summit focused on building bridges as a critical facilitator to achieving nutrition security and health equity. It included the main program on June 15, which was open to the public, and a workshop on June 16 with participants invited from organizations operating in food, health care and community systems across government, nonprofit, academic and industry sectors. Panelists, workshop participants and attendees represented the diverse perspectives and expertise needed to champion and successfully create greater health equity and nutrition security.

The workshop was designed to foster critical, innovative thinking and obtain varied insights from invitees based on the main program. The workshop featured facilitated breakout sessions and group reports where building bridges have the potential to address barriers to health equity and nutrition security in four nexus areas:

- Health care and food systems.
- Community and food systems.
- Local, national and global food systems.
- Health outcomes and the food system.

Four themes arose over the course of the summit, suggesting opportunities for action by organizations engaged in food, healthcare and community systems:

- COVID-19 has had a disproportionate effect on communities of color and food and nutrition insecurity. Perhaps accelerated by the pandemic, consumers and stakeholders alike appear to be more attuned to the challenges of nutrition security and health equity.
- Nutrition security, health equity and sustainability should be ubiquitous, shared values. True diversity will be critical within all components of the food system.
- Food and nutrition education, services and interventions must align with culture, lifestyle and social determinant of health in order to facilitate sustainably healthy eating patterns.
- Working together to build bridges and modernize systems will require a new level of empathy for diverse perspectives, and commitment to shared values.

“If we can take that science on healthy eating patterns and provide folks with health and nutrition literacy, the marketplace is where the science gets turned into action.”

**- Eduardo Sanchez, MD, MPH, FAAFP,
Chief Medical Officer
for Prevention, AHA**

MAIN PROGRAM SUMMARY

Food systems have a powerful influence on the health of people and communities. Working to ground food systems in health equity across economic, social and environmental domains with strategic connections to healthcare and community systems may bring sustainable nutrition security within reach. However, structural racism has persistently deepened health disparities in the United States, and requires anti-racist action to create equity. The influence of structural racism on persistent health disparities in the United States requires anti-racist action to create equity. These are deep challenges. Through bold collaboration, it is possible to build bridges across systemic, sectoral, professional and ideological divides to facilitate impactful solutions. Differences between individuals, groups and systems can limit our potential when we act in silos. Conversely, differences can be leveraged for collective strength.

Keynote speaker **Sara Bleich, PhD**, a senior adviser to U.S. Secretary of Agriculture **Tom Vilsak**, presented data to demonstrate the severity of twin epidemics, food insufficiency and chronic health conditions (e.g., obesity, diabetes and hypertension), that disproportionately affect communities of color. She couched her remarks in the Biden-Harris administration's priorities of:

- Ending the pandemic.
- Addressing the hunger and food insecurity crisis.
- Building back better for rural economies.
- Responding to the economic downturn.
- Centering climate in agriculture, food and forestry.
- Advancing racial equity.

Nutrition security is a priority within U.S. Department of Agriculture (USDA) feeding programs, designed to expand during public health crises and economic downturns like we have now. These programs include the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the National School Lunch Program, the School Breakfast Program, and the Child and Adult Care Food Program.

Bleich shared progress to date, including emergency allotments; increased benefits for fruits and vegetables; pandemic electronic benefits transfer (p-EBT); work with local food banks; an upcoming update of the Thrifty Food Plan to reflect the current cost of a healthy dietary pattern; and expanded SNAP access for college students. She also presented relevant components of the American Jobs Plan (e.g., funding to improve school kitchens and reduce the use of paper plates and other disposable materials) and the American Families Plan (e.g., expanded summer EBT and healthy school meals, universal preschool, child tax credits, and affordable child care and family and medical leave programs). Ultimately, it is Secretary Vilsack's goal to transform the food system, including the supply chain, and optimize nutrition so that we can be prepared for the next public health emergency, and everyone can live a healthy and fulfilling life.

“The increased focus of nutrition security at USDA is hopefully going to help us build back better, promote racial equity given the significant gaps that we know exist with respect to diet-related conditions, and generally just improve the health of the millions of people that participate in the safety net.”

- Sara Bleich, PhD, senior adviser for COVID-19, Office of the Secretary, U.S. Department of Agriculture

NUTRITION SECURITY

All people, at all times, have access to nutritious foods and beverages that meet their needs for an active and healthy life and a reduced risk for chronic disease.

FOOD SECURITY

Individuals and families have reliable access to food.

FOOD SUFFICIENCY

Individuals and families have access to food.

PANEL: Food System Innovation Vignettes

The Food System Innovation Vignettes panel featured representatives from four companies who shared their stories of innovation, including successes and lessons learned. While the topics covered were diverse, each panelist touched on the importance of keeping people and communities as a focal point. Ensuring that healthy, nutritious foods are accessible to all is, at its core, a people-centered prospect.

For example, while fresh produce is the product for sale by AppHarvest, Webb noted that the people who grow it, production methods, and affordability of the produce for all are as important as its nutritional value. Stevenson asserted that achieving greater diversity and representation when transforming our food system includes empowering and elevating people of color, particularly women and girls, to become leaders in nutrition, dietetics and agriculture. Santos highlighted the Aramark approach to leveraging supply-chain purchasing power to build up local and minority businesses, therefore improving community capacities. And Bushman and Webb both underscored the need to amplify the importance of sustainable food systems for future generations.

MODERATOR:

Tia M. Rains, PhD, vice president customer engagement and strategic development, Ajinomoto Health and Nutrition North America Inc. and chair, AHA Industry Nutrition Forum

SPEAKERS:

Jonathan Webb, founder and CEO, AppHarvest

Tambra Rae Stevenson, MPH, founder and CEO, Women Advancing Nutrition, Dietetics and Agriculture

Jennifer Bushman, strategic development officer, Kvarøy Artic

Natily Santos, MBA, vice president specialty supply chain, global supply chain and procurement, Aramark and Avendra Group

Conversation with the AHA and Kroger Health: The Convergence of COVID-19, Obesity and Nutrition Security as a Window for Opportunity

The COVID-19 pandemic has shone a bright spotlight on the imperative of addressing health equity and making healthy food affordable for all Americans by investing in the intermediate- and long-term transformation of the food system. COVID-19 infections, death and economic harm, layered onto the already-present obesity epidemic have disproportionately impacted different racial, ethnic and socioeconomic groups.

Issues to solve include simplifying the way that health care is delivered in the U.S., meeting people where they are (either in person or digitally), improving health and nutrition literacy, and ensuring funding for nutrition research and interventions. In addressing all of these challenges, equity must be front and center.

“Our belief that ‘food is medicine’ means a dedicated, educated approach that personalizes eating and enjoying foods so we can live healthier lives and prevent illness before it happens.”

- Marc R. Watkins, MD, chief medical officer, Kroger Health, The Kroger Co.

MODERATOR:

Jessica Donze Black, AHA’s national vice president for community health

DISCUSSANTS:

Marc R. Watkins, MD, chief medical officer, Kroger Health, The Kroger Co.

Eduardo Sanchez, MD, MPH, FAAFP, chief medical officer for Prevention, American Heart Association

PANEL: Cultivating a Food System Grounded in Health Equity

There are three dominant ways in which the average person gives meaning to “health equity”: affordable nutrition; accessibility of dietary patterns (diverse, delicious options); and food safety (including packaged, processed food). Importantly, health has a different meaning today than before the COVID-19 pandemic. The food supply and how we purchase and prepare foods are also evolving. Effective solutions for

“Health equity is entering into mainstream acceptance. There’s a fair bit of consensus developing, and it tells us that the time to act is now.”

- Ujwal Arkalgud, chief executive officer, MotivBase

an equitable food system will be data-driven and co-created with people, not just for them. Solutions will also be sensitive; grounded in cultural humility and continual learning, including nuanced perspectives on which foods and dietary patterns are healthy and what it means to be healthy. Ultimately, we need to look at people through the lens of belief systems and not just demographic groups. Deep engagement with people and communities can inform technology-based experiences that are personalized and gently nudge, encouraging compliance and removing stigmas.

MODERATOR:

Cheryl Toner, portfolio lead for nutrition, AHA

SPEAKERS:

Ujwal Arkalgud, chief executive officer, MotivBase

Noel Anderson, PhD, managing partner, Mosaic Food Advisors and president, Institute of Food Technologists

Hildreth England, RDN, director of communications and special projects at MIT Media Lab

Deanna Bellany Lewis, MPH, RDN, assistant director of health systems transformation, Harvard Medical School Center for Primary Care and co-founder, Diversify Dietetics

PANEL: Building Bridges Across Systems and Sectors

Most collaborations are not without tensions, which we see when sectors work together across the food system. In order to build strong bridges between groups that would not ordinarily collaborate or necessarily want to collaborate, a first step is to acknowledge and address those tensions. Panelists presented their ideas for successfully overcoming tensions, including making sure everyone is represented and heard; breaking down silos before building bridges; looking for genuine connection; and expressing empathy rather than weaponizing differences. As Peterson put it, “It’s really making sure that we engage in different sets of perspectives.” Ultimately, both the message and the messenger matter, and the bridges that work best will have a “bidirectional feedback system.”

“Words do matter. Regarding food security, there’s often been a gap between the hunger community and the public health and nutrition community. If we talk about nutrition security, we’ve captured the complexity of what we are going to need to be working toward in the future.”

- **Sylvia Rowe**, president, SR Strategy LLC, adjunct professor, University of Massachusetts Amherst Tufts University Friedman School of Nutrition Science and Policy

MODERATOR:

Eduardo Sanchez, MD, MPH, FAAFP, Chief Medical Officer for Prevention, AHA

DISCUSSANTS:

Ruth Petersen, MD, MPH, director, division of nutrition, physical activity, and obesity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Raymond U. Guthrie, managing director, Bernard J. Tyson Fund and Social Impact Fund, AHA

Sylvia Rowe, president, SR Strategy LLC, adjunct professor, University of Massachusetts Amherst and Tufts University Friedman School of Nutrition Science and Policy

“We put the community at the core of how we drive change and that in itself is equitable, because instead of trying to drive change for them, we enable them to drive change and keep the benefit within their community.”

- **Raymond U. Guthrie**, managing director, Bernard J. Tyson Fund and Social Impact Fund, AHA

INVITATION-ONLY WORKSHOP SUMMARY

The invitation-only workshop of the Foodscape Innovation Summit was designed to ignite critical and creative thinking regarding the building of bridges between food, health care and community systems, to strengthen nutrition security solutions through the lens of health equity. Participants represented diverse stakeholder organizations operating in food, health care and community systems across government, academic, for-profit and nonprofit sectors (Appendix A). Each person participated in two of four breakout groups (Appendix B), followed by a full group discussion. Definitions and guardrails were provided (Appendix C). This interim report synthesizes the workshop discussion.

Key Themes Across Topic Areas

- COVID-19 pandemic impacts persist and are related to rates of nutrition insecurity, deleterious health disproportionately experienced by communities of color, the need to “care for caregivers” in the health care setting, and the need to prepare the food system for future emergencies.
- Food and nutrition education, services and interventions must align with cultural and lifestyle realities in order to facilitate sustainable healthy eating behaviors. First understand the consumer, then engage in co-creation of programs and services to improve health and food literacy and access to related services.
- Effective bridges must be built collaboratively and traveled upon. Share and leverage expertise across systems to avoid duplication and encourage best practices. Strive for a clear understanding of and agreement on the contributions from all parties.
- Convene an inclusive group of stakeholders who are prepared to collaborate on efforts to improve nutrition security, who prioritize the health and well-being of target population groups, and who have the capacity and influence to enact change.

Key Needs Within Systems

Health Care

- Increase emphasis on healthy eating in caring for patients as a part of disease prevention and management.
- Educate health care providers about the importance of nutrition counseling and referrals to registered dietitian nutritionists (RDNs).
- Advance the role of health care and health care providers in increasing access to nutrition therapy services and healthy food resources.
- Integrate health care services into places where food is acquired. Access to preventive health care and nutritious foods must be ubiquitous and affordable.

Community

- Conduct a community needs assessment, a vital first step in understanding unique needs before formulating solutions.
- Co-create solutions with community leaders and stakeholders to improve health and food literacy.
- Inform and influence community decision-makers to identify health equity and nutrition security as top priorities.

Food Systems

- Strengthen the local food system infrastructure to facilitate resiliency and capacity to produce and distribute healthy foods.
- Acknowledge that local food systems can bring economic benefits to local business owners, but the nutritional quality of people's dietary patterns may or may not improve.

Examples of Bridging Systems for Impact

- Health care systems are reimagining how to bring health to the patient versus bringing the patient to the hospital. Some examples include:
- A "hospital at home" model in which all but the most critical patients can be managed, through technology, at home.
- Health insurers offering healthy food vouchers/cards, post-discharge meals, etc., as part of benefit packages.
- Medicaid's work to holistically address food, nutrition and housing.
- State and local efforts to build continuity of care and an infrastructure that supports patient needs.

Health care systems as community health leaders, creating community-based well-being hubs and engaging in food and nutrition literacy activities such as gardens, teaching kitchens, food pharmacies and produce prescriptions.

- In response to pandemic-related challenges, numerous examples of collaboration emerged. While emergency response is unique in many ways, these examples demonstrated new possibilities for change:
- The local and national food systems worked together to create innovative solutions addressing supply-chain issues and distributing food to those in need.
- Restaurants that were closed for business utilized staff, equipment and facilities to make, store and dispense food to those in need.
- In many communities, schools extended their important food distribution and social services roles from the academic year to the full calendar year.

Factors Necessary to Facilitate Bridge-Building

Clearly define the specific need to address through partnership.

It is possible to design partnerships to overcome specific barriers. For instance, if data is lacking, a strategic collaboration can focus on building evidence together. The parties must work together to understand their differences and develop a plan to strategically leverage complementary strengths to impact the need being addressed. Work with local organizations and consumers to create solutions grounded in local culture and needs.

Cultivate trust between stakeholders and with the public.

Open and honest conversation among stakeholders is crucial so that each voice at every table is heard and all ideas are welcomed. Also, move from designing programs for communities to co-designing with communities at the table.

Identify bridges to meet consumers where they are.

Going to people, rather than bringing them to a service, is especially important for those who have limited time and money. Establishing a community-owned grocery store or farmer's market brings the food system into the community so that healthy foods may become more accessible, while stimulating local economies. Providing health care in community settings may increase comfort and receptivity to care. Beyond access limitations, understanding culture, health and food literacy and readiness to change can improve nutrition and food skills education.

Generate evidence to inform future action.

Where collaboration between systems or sectors is in place, robust evaluation can build the evidence base to justify future action. Multidisciplinary and multisector approaches to metrics, measurement, analysis and interpretation are needed.

Potential Barriers to Successfully Bridging

Evidence gaps and a lack of agreement on metrics.

While there is evidence for the impact of medically tailored meals and fruit and vegetable prescriptions on health, much of the evidence is practice-based or proprietary. More evidence and related funding are needed, particularly with respect to intervention efficacy. Ultimately, there will need to be a broader appetite to fund more longitudinal studies that demonstrate the long-term impact of interventions and their value.

However, the evidence for economic benefits at the local level is clearer, and understanding of the connection between economics and health is ever-growing, with an increased focus on social determinants of health. There is an opportunity for concerted efforts to build consensus on the multidisciplinary metrics and data needed to inform funding and decision-making, with attention to integrating evaluation of cross-sector programs in the long term.

Professional silos.

Professional silos are a challenge within and across systems and sectors, resulting in language, perception and trust barriers. Within health care, better nutrition education for doctors would increase the emphasis on nutrition throughout health care and support referrals to RDNs where indicated.

In food systems, there is a lack of understanding of the respective strengths and challenges of local, national and global companies. While all produce food for the public, there is considerable diversity of health needs, cultural practices, personal preferences and more. Local food providers may be more adept at meeting local preferences and needs and better connected to local health care and community organizations, while national companies may more effectively meet food demands that are widely shared across subgroups and have systems-level expertise that improves resilience. There is an opportunity for companies with varying geographic scope and focus to understand each other's needs and strengths and work together in building a multilevel food system that is well-coordinated in supporting health equity.

Recognition of the return on investment.

One unintended consequence of professional silos is the lack of appreciation for the role of nutrition in patient care. As resources become scarce, RDN staff positions are often cut. As a result, there are not enough RDNs to provide the extent of nutrition intervention that is truly needed to slow or even stop chronic disease progression. Additionally, most nutrition counseling occurs in clinical

settings and targets disease treatment, as opposed to primary care as a part of preventive care. It is important to continue to build the case for increasing capacity and reimbursement for nutrition services in preventive care.

As mentioned above, evidence gaps exist regarding food system and community interventions. Thus, it is difficult to demonstrate and communicate returns on investment. To better target food and nutrition security and build health equity, budgets (even limited ones) should account for data collection and evaluation in order to calculate returns on investment and subsequently obtain additional funds to scale or replicate successful approaches.

Conflicts of interest.

Prevention and treatment can be seen as divergent priorities. There is a need to market the value of nutrition to doctors, just as medications have long been marketed. In addition, national food system stakeholders have a role to play in prioritizing the production and marketing of foods that are in demand, culturally appropriate and health-promoting, within the context of generating profit.

Scaling. Efficacious interventions can have a huge impact, but they need to be targeted and scaled in a way that retains their effectiveness. For instance, targeting an intervention to individuals with diabetes on Medicare would be significant, but needs to be properly designed to work. When scaling up community programs and those originating from local food systems, it is necessary to tailor them for each target audience and factor in the available resources.

Bridging Priorities

The following bridging priorities were identified by the groups to address the imperatives and barriers discussed above.

Health Care and Food Systems

- **Extend influence beyond the clinical setting:**
 - Bring nutrition services, care and education to individuals at home through greater integration at the national and community levels and the use of technology.
- **Needs identified:**
 - Screen for nutrition security in health care settings and refer to community and food system resources.
 - In the food system (grocery stores, etc.), employ RDNs to identify health needs; integrate with the health care system; and where indicated, provide nutrition services.
- **Nutrition coverage/benefits:**
 - Leverage the health care system overall, including insurers, to provide benefits that make healthy foods more accessible and affordable (e.g., food prescriptions, vouchers or connections with resources).
 - Support data collection necessary to generate funding where it is most needed and effective (e.g., building out the evidence base for “food is medicine” interventions).

Communities and Food Systems

- **Needs identified:**
 - Engage community leaders and prioritize coalition-building to identify unique needs.
 - Expand community infrastructure to better support the food system and changes within the food supply.
 - Increase access to broadband and technology to share data that tracks community needs and resources.
- **Food and health literacy:**
 - Educate community decision-makers on health equity and nutrition security.
 - Inform policymakers of the economic and health benefits to communities when food systems are robust.
 - Foster an appreciation for the long-term health effects and economic impact of equitable food systems within communities.
- **Nutrition benefits:**
 - Establish comprehensive benefits enrollment (e.g., SNAP, WIC, Temporary Emergency Food Assistance Program).

Local, National and Global Food Systems

- **Needs identified:**
 - Develop a national plan to fund and incorporate health equity or well-being opportunity zones to create a culture of health across food systems.
 - Develop a system for understanding, coordinating and leveraging the unique strengths of local, national and global food systems. Establish a system to improve communication between different levels of the food system to better coordinate emergency food response and meet community needs.
 - Gather data to evaluate the impact of changing the local food supply on dietary patterns and health outcomes.
- **Awareness of nutrition's importance in food systems:**
 - Educate processors and retailers on nutrition.
 - Generate an appreciation for nutritious foods within the food supply.
- **Collaboration:**
 - Work within the varying parameters of what “healthy” foods look like for various stakeholders.
 - Ultimately improve systems to lead to more affordable and accessible healthy food.
 - Create opportunities to build connections to additional sectors and industries (e.g., schools, sports/entertainment, media, community access points, etc.).

Measurement Considerations: Nutrition Security and Health Impact with Systems Change

- The Health Outcomes and Food System group discussion focused on four key questions:
- How should we assess nutrition security?
- What metrics should agencies and stakeholders track?
- Who should evaluate nutrition security?
- Who should track and report trends in nutrition security?

Broadly speaking, the relationship between nutrition security and health outcomes and the health impact of nutrition security interventions must be better characterized. Several factors emerged as important considerations in working toward a better understanding of the relationships between nutrition security solutions and health, including:

- A solid baseline and roadmap. As with all things related to measurement, it is crucial to establish a baseline and destination to properly measure progress. Measurement approaches need to be identified and fleshed out ahead of time.
- A comprehensive approach. Collect qualitative data (in addition to quantitative) as a storytelling tool to empower and spur dynamic community action and be most participatory. Measurement should broaden beyond food insufficiency to multiple dimensions of nutrition security. The USDA Household Food Assessment is an example of a comprehensive approach, measuring the amount of food, quality of food and level of anxiety related to food. Finally, measure outcomes over the course of a lifetime at community and population levels to determine the long-term effects of food, nutrition and access changes. It is likely that an entirely different infrastructure would be needed to effectively study nutrition across the life span, which would be challenging and costly. A comprehensive measurement could include these data points:
 - The number and percentage of the population that live with nutrition insecurity (a broader definition).
 - Prevention metrics that capture the pre-disease state (e.g., blood lipids, blood sugar).
 - Chronic conditions (e.g., obesity, diabetes, hypertension).
 - Economic metrics (e.g., the economic cost of nutrition insecurity in addition to the annual costs associated with major noncommunicable diseases).
 - Community and social outcomes (which are harder to quantify but are important for systems-level change).
 - Health equity (closing the gap in nutrition security disparities based on race/ethnicity).
- Consistent, shared definitions and measures. Definitions drive measurement. Therefore, when using different definitions of key concepts (e.g., nutrition security), consistency and the ability to compare metrics across sectors will suffer. Ideally, definition should take place at a global stakeholder level, such as the current World Health Organization definition.
- Measure effectiveness at systems and individual levels. Examples of nutrition security parameters at different levels include the accessibility of healthy foods at retail or food service outlets and utilization at home.
- Inclusion of all individuals. Some examples include those with and without disease; those living in rural and urban areas; those with higher or lower socioeconomic status; and various cultural, racial and ethnic groups.

One example of requiring and also fostering shared measures and collaboration across systems would be the development and adoption of a tool and process for nutrition security risk screening and referral. There is a two-question food security screener used in clinical and community settings that could be adapted to nutrition security more broadly; used in both clinical and community settings; and be combined with a protocol for referral to nutrition services, nutrition assistance and other resources as indicated.



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FOURTH ANNUAL FOODSCAPE INNOVATION™ SUMMIT

Agenda

9:00 AM **Welcome**

Eduardo Sanchez, MD, MPH, FAAFP, chief medical officer for prevention, American Heart Association

9:05 AM **Keynote Presentation: Promoting Nutrition Security at USDA During COVID and Beyond**

Sara Bleich, PhD, senior adviser for COVID-19, Office of the Secretary, U.S. Department of Agriculture

9:30 AM **Food System Innovation Vignettes**

DESCRIPTION: Four food system stakeholders will present 5-minute vignettes that highlight successes and lessons learned, followed by a question-and-answer session.

MODERATOR: Tia M. Rains, PhD, vice president customer engagement and strategic development, Ajinomoto Health and Nutrition North America Inc. and chair, Indus-try Nutrition Forum, AHA

How Agricultural Technology Feeds the Future: Expanding Access to Healthy Foods and Promoting Environmental and Economic Sustainability – **Jonathan Webb**, founder and CEO, AppHarvest

The Future of Food is Female: Her Name is WANDA – **Tambra Rae Stevenson, MPH**, founder and CEO, Women Advancing Nutrition, Dietetics and Agriculture

Farmed Salmon Feeding Practices for Nutritional and Environmental Impact – **Jennifer Bushman**, strategic development officer, Kvarøy Arctic

Advancing Communities and Local Economic Impact Through Supplier Diversity – **Natily Santos, MBA**, vice president specialty supply chain, global supply chain and procurement, Aramark and Avendra Group

10:20 AM **A Conversation with the AHA and Kroger Health: The Convergence of COVID-19, Obesity and Nutrition Security as a Window for Opportunity**

MODERATOR: Jessica Donze Black, RD, MPH, national vice president, community health, AHA

Marc R. Watkins, MD, chief medical officer, Kroger Health, The Kroger Co.

Eduardo Sanchez, MD, MPH, FAAFP, chief medical officer for prevention, AHA

Appendix

Agenda *continued*

10:40 AM **Break to Move More**

10:50 AM **PANEL: Cultivating a Food System Grounded in Health Equity**

MODERATOR: Cheryl D. Toner, MS, RDN, portfolio lead, nutrition, AHA

DESCRIPTION: Speakers will present insights into the consumer or public served by the food system and the roles of food production and distribution, communications/media technology, and health care providers in collaborating to cultivate a food system grounded in health equity. Followed by a question-and-answer session.

PANELISTS: *What Does Health Equity Really Mean to People?* – Ujwal Arkalgud, CEO, MotivBase

The Role of Food Production and Distribution – Noel E. Anderson, PhD, managing partner, Mosaic Food Advisors and president, Institute of Food Technologists

Structuring Structures: Designing Equitable Digital Food Environments – Hildreth England, RDN, director, communications and special projects, MIT Media Lab

The Role of Healthcare and Providers – Deanna Belleny Lewis, MPH, RDN, assistant director, health systems transformation at Harvard Medical School Center for Primary Care and co-founder, Diversify Dietetics

11:35 AM **Break to Move More**

11:45 AM **Panel: Building Bridges Across Systems and Sectors**

MODERATOR: Eduardo Sanchez, MD, MPH, FAAFP, chief medical officer for prevention, AHA

Panelists will explore the tensions inherent in collaboration across systems and sectors, and the exponential opportunity for sustainability and impact when acknowledging and addressing those tensions. Audience questions will be incorporated.

PANELISTS: Ruth Petersen, MD, MPH, director, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Raymond U. Guthrie, managing director, Bernard J. Tyson Fund and AHA Social Impact Fund, AHA

Sylvia Rowe, president, SR Strategy LLC and adjunct professor, University of Massachusetts Amherst and Tufts Friedman School of Nutrition Science and Policy

12:20 PM **Closing Remarks**

A synthesis of the presentations and discussion will wrap up the meeting.

Eduardo Sanchez, MD, MPH, FAAFP, chief medical officer for prevention, AHA

Appendix B

FOURTH ANNUAL FOODSCAPE INNOVATION™ SUMMIT WORKSHOP

June 16, 2021

PARTICIPANTS

Douglas Balentine, PhD, Senior Advisor International Nutrition Policy, U.S. Food and Drug Administration

Jessica Donze Black, RD, MPH, VP community health, AHA

Deanne Brandstetter, MBA, RDN, CDN, FAND, VP nutrition and wellness, Compass Group

Julia Braun, MPH, RDN, director global nutrition, McDonald's Corp.

Nicci Brown, MS, RDN, senior program manager, Academy of Nutrition and Dietetics Foundation

Chris Calitz, MPP, national executive portfolio lead, health and well-being, AHA

Hamed Faridi, PhD, executive director, McCormick Science Institute

David Fikes, executive director, FMI Foundation

Heather Gavras, MPH, RDN, portfolio adviser nutrition, AHA

Stephanie K. Goodwin, PhD, MPH, RD, senior manager public and government affairs, Danone North America

Michael Greenwood, director food and nutrition programs, Smith Bucklin, representing the United Soybean Board

Diane M. Harris, PhD, MPH, CHES, senior health scientist and team lead, healthy food environments, Centers for Disease Control and Prevention

Heather Hyden, senior portfolio officer, Humana Foundation

Jami Leveen, VP community partnerships, Aramark

Shalene McNeill, PhD, RD, executive director nutrition science and health, National Cattlemen's Beef Association, representing The Beef Checkoff

Farida Mohamedshah, MS, CNS, director nutrition science, food laws and regulations, Institute of Food Technologists

Marcia C. de Oliveira Otto, PhD, FAHA, assistant professor, School of Public Health, University of Texas Health Science Center

Tia M. Rains, PhD, VP customer engagement and strategic development, Ajinomoto Health & Nutrition North America

Krystal Register, MS, RDN, LDN, director, health and well-being, FMI – the Food Industry Association

Mickey Rubin, PhD, executive director, Egg Nutrition Center

Robert Sanchez, MD, FACC, medical director, The Heart Institute

Natily Santos, MBA, vice president specialty supply chain, global supply chain and procurement, Aramark and Avendra Group

Kate Schultz, MBA, MS, RD, nutrition, health and wellness manager, Nestlé

Jackie Schulz, MS, RD, global nutrition director, Griffith Foods

Pamela Schwartz, MPH, executive director, community health, Kaiser Permanente

Carol Sloan, RDN, FAND, health research director, California Walnut Commission

Jessica Smith, PhD, associate principal nutrition scientist, General Mills

Marie Spiker, PhD, MSPH, RDN, assistant professor, School of Public Health, University of Washington

Katie Stebbins, executive director, Tufts Food and Nutrition Innovation Institute

Jane Stenson, vice president food and nutrition/poverty reduction, Catholic Charities USA

Tambra Raye Stevenson, MPH, founder and CEO, Women Advancing Nutrition, Dietetics and Agriculture

Anne N. Thorndike, MD, MPH, associate professor of medicine, Massachusetts General Hospital and Harvard Medical School

Cheryl D. Toner, MS, RDN, portfolio lead, nutrition, AHA

Linda Van Horn, PhD, RD, professor and chief, nutrition, Department of Preventive Medicine, Feinberg School of Medicine, Northwestern University

Abby Reich, Alliance for a Healthier Generation

Patricia Williamson, PhD, principal scientist, Cargill

Appendix B

Workshop *continued*

BREAKOUT GROUP DESCRIPTIONS

- **Building Bridges: Health Care and the Food System (health care practitioners, health care centers, insurance providers)**
Explore ways to increase emphasis on healthy eating in patient care, advance the role of health care providers and institutions in improving access to nutrition, and enhance the role of health care in the food space.
- **Building Bridges: Community and Food Systems (food banks and pantries, education and early care, transportation, and SNAP/WIC utilization groups)**
Explore opportunities and approaches to bridge community and food systems that are identified by, prioritized by and tailored to communities for the purpose of increasing nutrition security and health equity.
- **Building Bridges: Local, National and Global Food Systems**
Explore opportunities and approaches to bridge local, national and global food systems to improve economic sustainability of local food systems and cultivate a comprehensive, total diet response to addressing geographic and cultural gaps in nutritious food access.
- **Building Bridges: Health Outcomes and the Food System**
Explore multisector approaches to cultivating a food system grounded in health equity, fostering collaboration among diverse stakeholders throughout the food system for improved access and availability to affordable, healthy, culturally relevant food and food literacy for all communities.

PARAMETERS FOR DIALOGUE

- Focus on the intersections between food, nutrition, health and cost; stakeholder roles and opportunities to lead; and the framework for bridging across systems and sectors.
- Nutrition security is the state in which all people, at all times, have access to nutritious foods and beverages that meet their dietary needs for an active and healthy life, including prevention of diet-related chronic diseases.
- Health equity requires an environment that supports good health for all. Implicit in this definition is the need to narrow current health disparities between groups.
- Recognizing that there are different interpretations of the science in defining “healthy foods,” focus on the goal of building a healthy dietary pattern overall and achieving improvements in nutritional quality versus meeting a specific set of nutritional standards.
- Regarding community systems, focus on those related to nutrition security, such as food banks, schools, and child and adult care feeding programs, but also supporting infrastructures such as transportation and housing.
- Food systems refers to operations and related logistical systems, from agriculture to retail and food service, including businesses of any size operating on local, national and/or global scales.
- Consider health care systems to include a broad range of settings, such as hospitals, private practice, and/or community-based health clinics.