# AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Introduced by:	Medical Student Section and American College of Physicians
Subject:	Improving Supplemental Nutrition Programs
Referred to:	Reference Committee B

1 Whereas, food insecurity is a public health crisis, especially among American Indian and Alaska 2 Native (AI/AN) persons, who were relocated and gave up 98% of their lands and ability to survive 3 under coercion and threats of violence by state and federal actors<sup>3,4</sup>; and 4 5 Whereas, the burden of chronic diseases such as obesity and diabetes on AI/AN communities is 6 directly attributable to settler colonialism and interruption of AI/AN knowledge systems<sup>5,6</sup>; and 7 8 Whereas, AI/AN persons experience food insecurity at twice the rate of whites, with 25% being 9 consistently food insecure<sup>4</sup>; and 10 11 Whereas, climate change uniquely affects Al/AN communities, including disproportionate 12 exposure of Alaska Native Villages to marine foods polluted by plastic and poor nutritional 13 offerings with significant price markups at grocery and convenience stores<sup>7</sup>; and 14 15 Whereas, US nutrition programs for AI/AN persons, including the Food Distribution Program on 16 Indian Reservations (FDPIR) and the recently launched Indian Health Service (IHS) Produce 17 Prescription Pilot Program, differ from other nutrition programs by including staple foods and 18 ingredients commonly used in pre-contact AI/AN societies and food systems<sup>8-9</sup>; and 19 20 Whereas, federally-recognized AI/AN Tribes and Villages without a reservation or land base and the 2.8 million AI/AN persons in urban areas (greater than the population on Tribal lands) are all 21 ineligible for federal nutrition assistance programs for AI/AN persons<sup>8-13</sup>; and 22 23 24 Whereas, AI/AN persons in urban areas were 1.4 times as likely to experience food insecurity as 25 other AI/AN persons, with rates exacerbated by COVID<sup>4,14</sup>; and 26 27 Whereas, the reduction of AI/AN food insecurity (by increasing AI/AN food choices, availability, 28 and household purchasing power and intervening preventively via early education and farm-to-29 school programs) can decrease risk of gestational diabetes, sleep apnea, and metabolic 30 syndrome, promote AI/AN self-determination and self-governance, and improve AI/AN youth health behavior<sup>15-18</sup>; therefore be it 31 32 33 RESOLVED, that our American Medical Association support regulatory and legal reforms to 34 extend multieligibility for USDA Food Assistance to enrolled members of federally-recognized 35 American Indian and Alaska Native Tribes and Villages to all federal feeding programs, such as, 36 but not limited to, Supplemental Nutrition Assistance Program (SNAP) and Food Distribution Program on Indian Reservations (FDPIR). (New HOD Policy) 37

## Fiscal Note: Minimal - less than \$1,000

### Received: 4/19/2024

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## **RELEVANT AMA Policy**

#### H-150.925 Food Environments and Challenges Accessing Healthy Food

Our AMA (1) encourages the U.S. Department of Agriculture and appropriate stakeholders to study the national prevalence, impact, and solutions to challenges accessing healthy affordable food, including, but not limited to, food environments like food mirages, food swamps, and food deserts; (2) recognizes that food access inequalities are a major contributor to health inequities, disproportionately affecting marginalized communities and people of color; (3) supports policy promoting community-based initiatives that empower resident businesses, create economic opportunities, and support sustainable local food supply chains to increase access to affordable healthy food; and (4) will advocate for CMS and other relevant agencies to develop, test, and then implement evidence-based innovative models to address food insecurity, such as food delivery and transportation services to supermarkets, food banks and pantries, and local farmers markets for healthy food options. [Res. 921, I-18; Modified: Res. 417, A-21; Appended: Res. 117, A-22]

## H-150.937 Improvements to Supplemental Nutrition Programs

1. Our AMA supports: (a) improvements to the Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) that are designed to promote adequate nutrient intake and reduce food insecurity and obesity; (b) efforts to decrease the price gap between calorie-dense, nutrition-poor foods and naturally nutrition-dense foods to improve health in economically disadvantaged populations by encouraging the expansion, through increased funds and increased enrollment, of existing programs that seek to improve nutrition and reduce obesity, such as the Farmer's Market Nutrition Program as a part of the Women, Infants, and Children program; and (c) the novel application of the Farmer's Market Nutrition Program to existing programs such as the Supplemental Nutrition Assistance Program (SNAP), and apply program models that incentivize the consumption of naturally nutrition-dense foods in wider food distribution venues than solely farmer's markets as part of the Women, Infants, and Children program.

2. Our AMA will request that the federal government support SNAP initiatives to (a) incentivize healthful foods and disincentivize or eliminate unhealthful foods and (b) harmonize SNAP food offerings with those of WIC.

3. Our AMA will actively lobby Congress to preserve and protect the Supplemental Nutrition Assistance Program through the reauthorization of the 2018 Farm Bill in order for Americans to live healthy and productive lives. [Res. 414, A-10; Reaffirmation A-12; Reaffirmation A-13; Appended: CSAPH Rep. 1, I-13; Reaffirmation A-14; Reaffirmation I-14; Reaffirmation A-15; Appended: Res. 407, A-17; Appended: Res. 233, A-18; Reaffirmed: Res. 259, A-23]