

# [White House National Strategy on Hunger, Nutrition, and Health Outlines IHS Produce Prescription Program, Urban Indian Organizations Eligible](#)

Category: Policy Blog

written by Colin Tompson | January 19, 2023

On September 27, 2022, during the White House Conference on Hunger, Nutrition, and Health, the Biden-Harris Administration released the [National Strategy on Hunger, Nutrition, and Health](#) (the Strategy). The Strategy outlines actions the Administration aims to take to reach its goal “to end hunger in America and increase healthy eating and physical activity by 2030 so fewer Americans experience diet-related diseases” **and commits that the Indian Health Service (IHS) will implement and evaluate a National Produce Prescription Pilot Program, which urban Indian organizations (UIOs) are eligible to participate in.** It also recognizes that States should collaborate with non-profit or community-based organizations to establish state-funded produce prescription programs (PPPs) for low-income individuals and families. According to the Strategy, produce prescriptions are “fruit and vegetable prescriptions or vouchers provided by medical professionals for people with diet-related diseases or food insecurity” and can “effectively treat or prevent diet-related health conditions and reduce food insecurity.”

Pillar 2 of the Strategy seeks to “ensure that our health care system addresses the nutrition needs of all people” and further outlines how IHS can implement and evaluate a National Produce Prescription Pilot Program. The [Fiscal Year \(FY\) 2022 funding bill](#) authorized \$3 million for the Indian Health Service (IHS) to create a Produce Prescription Pilot program in coordination with Tribes and UIOs to increase access to produce and other traditional foods for American Indians/Alaska Natives (AI/ANs). This pilot program was also included in the [recently passed FY 2023 funding bill](#) and maintained at FY 2022 funding levels. Currently, the American Indian Health and Family Services (AIHFS), a Title V UIO located in Detroit, Michigan, is already operating a produce prescription program called [Fresh RX](#).

## **About Produce Prescription Programs (PPPs)**

PPPs [are](#) medical treatment or preventative services for patients who are eligible due to diet-related health risks or conditions, food insecurity, or other documented challenges in access to nutritious foods, and are referred by a healthcare provider or health insurance plan. These prescriptions are fulfilled through food retail and enable patients to access healthy produce with no added fats, sugars, or salt, at low or no cost to the patient. PPPs are designed to improve healthcare outcomes, optimize medical spending, and increase patient engagement and satisfaction.

The [National Produce Prescription Coalition](#) (NPPC) is a coalition that aims to leverage PPPs as prevention and intervention for diet-related disease and further embeds this effective model into healthcare and food retail systems. The goal is to embed PPPs as a covered benefit for members of all government-sponsored health plans whose healthcare providers and case managers diagnose as having or having elevated risk for diet-related illness as well as having or having elevated risk for food insecurity. This includes Medicaid and the CHIP, Medicare and Medicare Advantage, as well as beneficiaries of IHS.

The NPPC Policy Platform includes:

- Indian Health Service: Utilize congressional appropriation and significant philanthropic support to advance a PPP demonstration project and establish standards for utilization within IHS.

## **AI/ANs and Nutrition and Health**

UIOs provide essential access to nutrition, food, and health resources for the more than 70 percent of AI/ANs living off-reservation. AI/AN people experience the highest rates of diabetes across all racial and ethnic groups ([14.5 percent](#)), compared to 7.4 percent of non-Hispanic whites. According to a [2017 report](#) published in the Journal of Hunger & Environmental Nutrition, “[u]rban AI/ANs were more likely to experience food insecurity than rural AI/ANs.” Moreover, diabetes and heart disease are among [the top five](#) leading causes of death for AI/AN people who live in urban areas. Additionally, urban AI/AN people are more than [three times](#) more likely to die from diabetes than their white peers and have higher death rates attributable to heart disease than urban white people.

## **NCUIH Advocacy**

The Administration sought input on the development and implementation of this Strategy and initiated Tribal Consultation on June 28, 2022. On July 15, 2022, the National Council of Urban Indian Health (NCUIH) submitted [comments](#) to the Administration, the Department of Health and Human Services (HHS), and the US Department of Agriculture (USDA) and recommended that they support UIOs to promote food security, nutrition, and exercise; include urban AI/AN populations in future research efforts and government projects; and establish consistent Urban Confers regarding nutrition, hunger, and health.

On September 28, 2022, Walter Murillo (Choctaw), CEO of NATIVE Health and President-Elect of NCUIH, [headlined a panel](#) titled “Breaking Barriers: Bridging the Gap Between Nutrition and Health” at the [White House Conference on Hunger, Nutrition, and Health](#), where they unveiled the Strategy. Mr. Murillo highlighted high rates of food insecurity in Indian Country, which intersects with other social determinants of health such as limited housing, employment, and lack of trust in health care systems in Native communities.

NCUIH will continue to monitor program updates in the Strategy and the IHS National Produce Prescription Pilot Program.