



SPRING 2025 POLICY REPORT

Linking Scientists, Clinicians and Policymakers to be a Relentless Force for a World of Longer, Healthier Lives.



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Letter from Chair: Dr. Cheryl Pegus



As I come to the end of my term as chair of the American Heart Association's Advocacy Coordinating Committee (AdCC), it is my pleasure to present you with the latest issue of our *Policy Report*.

This issue includes the most recent policy publications of the advocacy department, including our newest Presidential Advisory on *Principles for the Future of Biomedical Research in the U.S. and Optimizing the National Institutes of Health*. This important and timely paper from past presidents and thought leaders of the American Heart Association offers a framework to shape the future of biomedical and population-based research, while improving upon the long-standing bipartisan commitment that has driven groundbreaking advancements in cardiovascular disease and stroke care over the last seven decades – while also producing important economic returns.



In 2024, the Association updated our *Access to Early Care and Education* policy statement to emphasize the importance of high quality, affordable and accessible early care and education programs for the healthy development of children.

What is 'Food is Medicine', Really? Policy Considerations on the Road to Health Care Coverage highlights how policymakers, payors, and health care professionals are increasingly considering food is medicine (FIM) as a clinically- and cost-effective way to address diet-related chronic health conditions, driven by rising health care costs and poor health outcomes.

You will also find an update to our *Food and Beverage Marketing to Children, Adolescents and Parents of Toddlers and Young Children* policy statement where we address the harmful health effects of food and beverage marketing aimed at children and adolescents.

Finally, *Policy implementation and Outcome Evaluation: Establishing a Framework and Expanding Capacity for Advocacy Organizations to Assess the Impact of their Work in Public Policy* discusses a new framework, developed by the Association, for effective evaluation that can be used by advocacy organizations to assess the health and economic impact of policies over time.

Over the past two years, I have enjoyed the opportunity to contribute to the Association's advocacy efforts and successes as chair of the Advocacy Coordinating Committee. I look forward to opportunities to continue to support our important public policy work as Dr. Amit Khera, Director of UT Southwestern's Preventive Cardiology Program, takes the helm as Chair of the Advocacy Coordinating Committee.

With Heart,

Cheryl Pegus, M.D., M.P.H.

Principles for the Future of Biomedical Research in the U.S. and Optimizing the National Institutes of Health

The American Heart Association (AHA) has issued a Presidential Advisory to outline principles for shaping the future of biomedical and population-based research and optimizing the National Institutes of Health (NIH).

With a long-standing bipartisan commitment, U.S. investments in research have driven groundbreaking advancements that have significantly reduced cardiovascular disease and stroke deaths over the last seven decades. This public investment has also produced important economic returns, including supporting more than 400,000 jobs and roughly \$93 billion in economic activity in our country. Despite these achievements, public funding has not kept pace with inflation or the growing burden of disease.

As a trusted advocate for patients, clinicians, and scientists, the AHA proposes the following principles to ensure continued innovation, efficiency, and impact in biomedical and population-based research. Key priorities are: novel, innovative, and impactful research through a coordinated strategy; optimizing the NIH peer review process; leading in translating evidence to practice; supporting the current and future biomedical workforce; and ensuring robust and reliable public investment for the future.

The principles outlined in the advisory are timely, aligning with congressional and administrative discussions about NIH and other federally-funded research investments. With this advisory, the AHA aims to inform policymakers, the research community, the media, and public health advocates.



3 THREE THINGS TO KNOW

- 1 The NIH and other federal agencies play a critical role in funding and implementing biomedical research initiatives that support cardiovascular health and provide important economic returns.
- 2 The scientific advancements and groundbreaking achievements from NIH-sponsored research have contributed to steep declines in CVD and stroke deaths. However, public funding for biomedical research has not kept up with the burden of disease and rates of inflation.
- 3 The AHA offers principles to optimize the future of the U.S. biomedical research enterprise. Specifically, the U.S. should continue to prioritize novel, innovative, and impactful research, improve efficiency in its peer review process; lead in translating evidence into practice; support the current and future biomedical workforce; and ensure robust and reliable public investment for the future.

Access to Early Care and Education



In 2024, the American Heart Association updated its 2015 policy statement on early care and education (ECE), which focused primarily on obesity prevention in childcare settings. The updated policy statement broadens AHA's policy guidance to recognize the importance of participation in high-quality, affordable, and accessible ECE programs for children's healthy development.

Research shows that ECE participation is associated with positive health effects for young children, including improved social-emotional and behavioral outcomes, as well as reduced risk of later cardiovascular disease and metabolic disorders. ECE participation also benefits families and communities, allowing parents to work, and in some cases, receive additional social services. Head Start (HS) and Early Head Start (EHS) represent the largest public investment in ECE in the U.S. These programs promote school readiness for children from families with low incomes by offering educational, nutrition, health, social, and other services. Growing research shows that investing in the early stages of life has a profound impact on lifelong health and wellbeing. This makes ECE environments an ideal setting for targeting policies and programs to improve health.

Recognizing the importance of ECE to young children, families, communities and the economy, the AHA supports policies that secure funding to (1) increase access to affordable, quality ECE programs and (2) secure funding to expand access to HS, EHS, and EHS-child care partnership programs. The AHA also continues our commitment to health promotion in these settings by supporting policies that establish or update minimum standards for healthy foods and beverages, active play, and screen time. Finally, the AHA supports policies that assist the ECE workforce through qualifications and education supports, adequate compensation and work environment standards, such as paid planning time and professional development.

3 THREE THINGS TO KNOW

- 1 Affordable, accessible, and quality early care and education programs, including Head Start and Early Head Start, benefit young children, families, communities, and the economy.
- 2 Given the important role of the early years on children's development, ECE programs are an ideal setting for focusing policies and programs to improve health through nutrition and physical activity.
- 3 Policies that assist the ECE workforce, such as adequate compensation and professional development, are critically important to families and the economy.

What is 'Food is Medicine,' Really? Policy Considerations on the Road to Health Care Coverage



After a long history of food is medicine (FIM) initiatives showing promise to improve health outcomes, policymakers, payors, and health care professionals are considering FIM as a clinically- and cost-effective way to address diet-related chronic health conditions in the health care setting. This interest is largely driven by rising health care costs and poor health outcomes. An estimated 90% of the \$4.5 trillion annual cost of health care in the United States (U.S.) is spent on medical care for chronic conditions, and for many of these conditions, diet is a major risk factor. Despite spending the most on health care compared with other high-income countries, the U.S. ranks last on key health care outcomes. Unhealthy diets are linked to poor health outcomes, which is concerning, as more than 9 in 10 people in America eat less than the recommended amounts of fruits and vegetables and consume too much sodium, saturated fat and calories.

To strengthen the evidence base around FIM for the purpose of health care coverage, the Association and the Rockefeller Foundation, with support from other stakeholders, launched the **Health Care by Food Initiative** in 2022. The initiative has since funded more than 20 research studies testing how to equitably increase enrollment and engagement in FIM interventions, the results of which will inform future studies.

An inherent challenge is that FIM as a health care intervention does not have a uniformly used, standard definition. Indeed, with its rise in popularity as a concept, we have observed stakeholders defining FIM broadly, such as any food- or nutrition-related activity or intervention that promotes health and wellbeing. However, to successfully take FIM to scale and fully integrate it into the health care delivery system, policymakers and stakeholders must establish a standardized and targeted definition for FIM interventions, which we lay out in *Health Affairs*.



3 THINGS TO KNOW

- 1 The Association defines FIM as the provision of healthy food such as medically tailored meals (MTM), medically-tailored groceries (MTG) and produce prescriptions (PRx) to treat specific clinical conditions that are integrated with and paid for by the health care sector.
- 2 It is important to have a clear definition of FIM for purposes of health care coverage to ensure FIM: meets legal and regulatory requirements for Medicaid and Medicare, is evidence-based, and is clinically and cost-effective.
- 3 Importantly, FIM is distinct from, yet complementary to, food and nutrition assistance programs and population-level healthy food policies and programs (see visual below).

What is 'Food is Medicine,' Really? Policy Considerations on the Road to Health Care Coverage



Health Care  Food™

'Food Is Medicine' Complements Food and Nutrition Programs and Policies

- Food and nutrition assistance programs, food is medicine (FIM) and population-level healthy food approaches comprise a policy ecosystem that addresses distinct needs.
- FIM can support improved food and nutrition security, but the main goal is to treat, manage or prevent specific diet-related diseases.
- Many people with diet-related diseases are not eligible for food or nutrition assistance programs (based on income.) Conversely, many people eligible for food or nutrition assistance programs do not have a diet-related disease.



Ref: Schwartz CM, Wohrman AM, Holubowich EJ, Sanders LD, Volpp KG. What is medicine, really? Policy considerations on the road to health care coverage. *Health Affairs*. 2025; 44:4. doi: 10.1377/hlthaff.2024.01343

www.healthcarefood.org

Food and Beverage Marketing to Children, Adolescents, and Parents of Toddlers and Young Children Policy Statement

The food, beverage, and restaurant industries spend billions of dollars annually marketing their products to consumers. Most of this investment is spent to promote fast food, sugary drinks, candy, and snack food. Children and adolescents under the age of 18 are particularly susceptible to exposure from food marketing where they live, learn, and play, including on TV and social media, in and around their schools, in stores, and other settings. Food and beverage marketing aimed at children and adolescents can promote and lead to increased consumption of unhealthy products that are high in added sugars, sodium, and/or saturated fats.

Based on new science and emerging technologies, the American Heart Association updated its 2012 food marketing to youth policy statement, which focused primarily on marketing in schools. The updated statement broadens AHA's policy guidance to recognize new technologies and settings where marketing occurs, such as mobile apps and websites, as well as new products available to youth, including toddler milks.

The statement underscores the harmful health effects of targeted marketing to communities of color and families from households with low incomes. For example, sugary drink brands spent \$84 million to advertise on Spanish-language TV in 2018, an increase of 80% compared to 2010. Newer avenues, such as

social media, have become a key access point for industry to market unhealthy foods to children and adolescents.

The Association supports policy actions that protect infants, toddlers, children and adolescents from the marketing of foods and beverages that harm their health and prevent the targeted marketing of unhealthy foods to vulnerable populations. The American Heart Association supports efforts to reduce unhealthy food marketing to youth through a multi-pronged strategy that includes restricting product placement of food brands in multiple media technologies, including on traditional media outlets (i.e., tv, radio, etc.) and social media, and prohibiting unhealthy food and beverage marketing in schools and early care and education settings, on school buses, or on educational materials.



3 THREE THINGS TO KNOW

- 1 The food, beverage, and restaurant industries spend billions of dollars annually marketing their products to consumers. Most of these dollars are spent to promote unhealthy products.
- 2 Children and adolescents under age 18 are particularly susceptible to exposure from food marketing where they live, learn, play – and through newer technologies such as mobile apps and social media.
- 3 This statement underscores the harmful health effects of targeted marketing to communities of color and families from households with low incomes.

Policy implementation and outcome evaluation: establishing a framework and expanding capacity for advocacy organizations to assess the impact of their work in public policy

Advocacy organizations can play a crucial role in evaluating whether legislation or regulation has had its intended effect by supporting robust public policy implementation and outcome evaluation. The American Heart Association, working with expert advisors, has developed a framework for effective evaluation that can be used by advocacy organizations, in partnership with researchers, public health agencies, funders, and policy makers to assess the health and economic impact of legislation and regulation that is implemented over time. Advocacy organizations can use parts of this framework to evaluate the impact of policies relevant to their own advocacy and public policy efforts and inform policy development and guide their organizational resource allocation. Ultimately, working in partnership, advocacy organizations can help bring capacity, commitment and funding to this important evaluation work that informs impactful public policy for overall population health and well-being.

The following are key focus areas for advocacy organizations to create momentum:

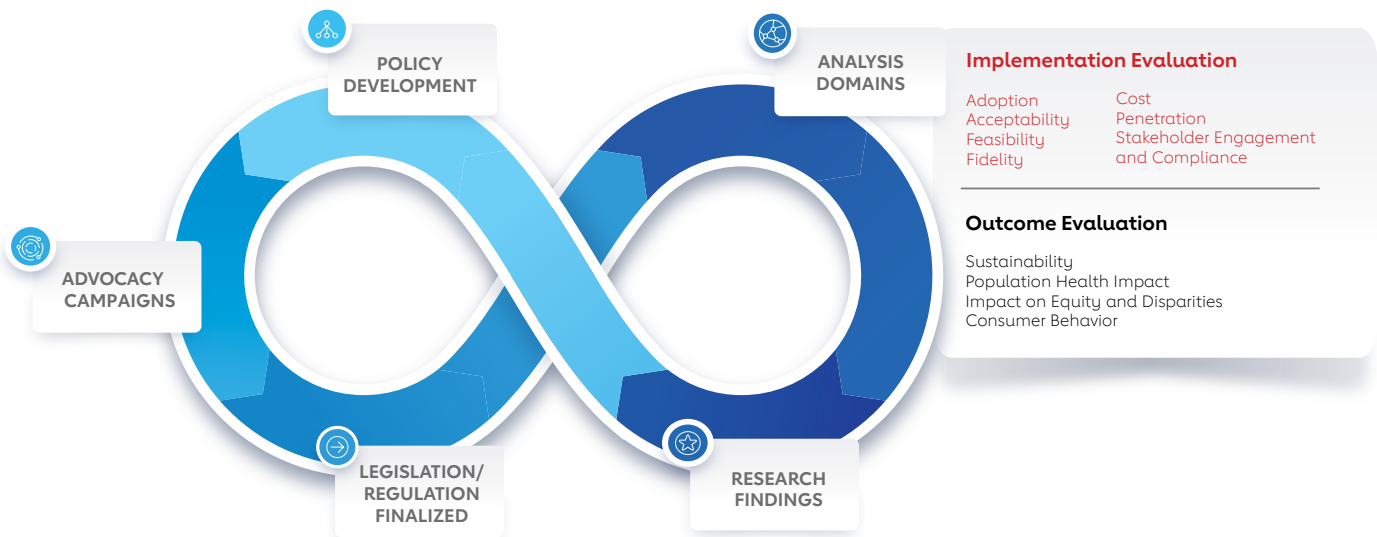
- **Advocate** for and ensure appropriations for the monitoring and evaluation of a law or regulation.
- **Convene** the research community and key collaborators, including public health departments, to develop an evergreen research agenda. Bring feedback from local, state, and federal advocacy to the research community and funders to help support policy-relevant research.
- **Develop** relationships with career professionals in the regulatory agencies across all levels of government to help support and monitor policy implementation.
- **Commit** to some level of evaluation at the organizational level to assess the impact of public policies the organization has worked to pass.
- **Conduct** and/or secure funding for message testing research to better make the case to policy makers for the importance of policy implementation and outcome evaluation and why it needs appropriations.
- **Support** public/private resources and partnerships to support technical assistance in implementation evaluation and engage lived experience.
- **Enable**, through partnerships with citizen groups/organizations, the ability to study public policy implementation and outcomes in real time and monitor ongoing refinement.

Together, with significant collaboration and coordination to achieve robust public policy implementation and outcome evaluation, the American Heart Association and other advocacy organizations can play an important role in informing the most effective public policy strategies to align with strategic impact.

Policy implementation and outcome evaluation: establishing a framework and expanding capacity for advocacy organizations to assess the impact of their work in public policy



Research Framework for Robust Policy Implementation and Outcome Evaluation



Policy implementation and outcome evaluation is an integral component of the policy process that provides an overall performance management framework to guide responsible decision-making. Fundamentally, to optimize our work in advocacy, we need to understand whether the policies we work so hard to get into place are implemented as intended, whether there is specific population impact, whether they improve equity or create disparities, the cost to implementers and target populations, their penetration and uptake, any unintended consequences, and their contribution to creating longer, healthier lives. The framework requires longitudinal tracking with a blend of qualitative and quantitative analysis. Optimizing evidence-informed policy making will require significant engagement from advocacy organizations and the research community with profound investment from private and public funders.

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3 THINGS TO KNOW

- 1 Evaluation is an important tool to better understand how a policy has been implemented and its impact.
- 2 Lessons learned from policy implementation and outcome evaluations can be used to make future policies more effective.
- 3 Co-developing research agendas with collaborators can also inform the development of more impactful public policy for improved population health and well-being.