



ACHIEVING HEALTH EQUITY THROUGH CROSS-SECTOR COLLABORATION

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July 15, 2022

President Joseph R. Biden, Jr.  
The White House  
1600 Pennsylvania Avenue NW  
Washington, D.C. 20500

Dear President Biden,

On behalf of The Root Cause Coalition (TRCC), we write to share our feedback in preparation for the upcoming White House Conference on Hunger, Nutrition and Health. We deeply believe this bipartisan conference to be a crucial step in addressing the Social Determinants of Health that will aid in the course for our country to achieve health equity.

By way of background, TRCC is a national non-profit organization with more than 90 members, representing a wide variety of health care and social service-related sectors. Co-founded by AARP Foundation and ProMedica, our organization was established to bring together cross-sector partners to reverse and end the systemic root causes of health inequities by addressing the social determinants of health.

As suggested, TRCC held a listening session with our member organizations guided by the White House Conference Pillars and suggested questions. Participation in the call was reflective of the Coalition's cross-sector approach and membership, and represented several health and hospital systems, insurers, advocacy and research organizations as well as staff working on the ground at food banks across the country.

Our members are hopeful that the White House will develop and implement a course of action that includes the following policy recommendations as a substantive start to ending the hunger crisis in the U.S. and reducing diet-related diseases and the disparities surrounding them. This feedback is organized under the pillars that define the scope of the White House Conference on Hunger, Nutrition, and Health and guided our convening.

*Pillar #1: Improve food access and affordability: End hunger by making it easier for everyone — including urban, suburban, rural, and Tribal communities — to access and afford food. For example, expand eligibility for and increase participation in food assistance programs and improve transportation to places where food is available.*

- Expand the Supplemental Nutrition Assistance Program (SNAP) to include more individuals and households with more financial support each month and increase access by streamlining the enrollment process.
- Expand the National School Lunch Program (NSLP), conduct a review of its nutrition standards and offer recommendations on how to improve the nutritional value of every meal provided.
- Increase available funds for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program to be used for both healthy produce and critical supplies postnatally.



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- Support and incentivize the co-location of services, such as food pantries within churches or healthcare, to provide better access in underserved communities
- Build capacity and provide resources to the entities engaging at the community-level.
- Streamline federal nutrition programs to minimize bureaucratic burdens and make the process more standardized across the states. Food banks that serve multiple states face additional struggles administratively and see significant disparities in access between states
- Ensure that benefits increase to keep up with increasing food prices and demands

*Pillar #2: Integrate nutrition and health: Prioritize the role of nutrition and food security in overall health, including disease prevention and management, and ensure that our healthcare system addresses the nutrition needs of all people.*

- Modernize Medicare and Medicaid to make medically tailored meals (MTM), medically supported food and nutrition services a fully reimbursable/covered benefit for people living with severe and chronic illness. This would prevent the uneven access currently available through the use of state-based waivers.
  - To establish Medicare coverage, the U.S. Code could be amended at 42 U.S.C. § 1395x(s)(2) to add MTM to the list of services covered as “medical and other health services” under Medicare Part B. Similarly, the U.S. Code could be amended at 42 U.S.C. § 1396d(a)(13) to specifically allow coverage of MTM as Medicaid preventive or rehabilitative services.
- Fund large-scale MTM pilots in the Medicare and Medicaid programs to expand the body of research on the impact of the services.
- Extend reimbursement for nutrition and non-clinical medical services. For example, include registered dietitians as a covered part of a patient’s healthcare team
- Incorporate nutrition and food security training within medical education and require regular trainings for physicians and other healthcare providers
- Require healthcare providers to implement hunger screenings and ensure inclusion of accepted food insecurity screening codes (ICD-10) as a performance measure for health plans. Concurrently, promoting consistent payment to providers for food insecurity screening using CPT code 96160 will advance consistent food insecurity screening.

*Pillar #3: Empower all consumers to make and have access to healthy choices: Foster environments that enable all people to easily make informed healthy choices, increase access to healthy food, encourage healthy workplace and school policies, and invest in public messaging and education campaigns that are culturally appropriate and resonate with specific communities.*

- Expand support for the Gus Schumacher Nutrition Incentive Grant Program (GusNIP) Grant Program as a critical accelerator for produce prescriptions that focus on program innovation, evaluation, and diversification
- Provide tax incentives to open healthy food retail locations in underserved and disinvested communities, and to participate in SNAP incentive programs
- Shift language from food security to nutrition security to emphasize the need to provide access to healthy, culturally appropriate foods as opposed to a focus on calories only. The goal should not



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be only expanded access to food but expanded access to the right food; food that supports healthy outcomes, expands recipient choice and autonomy and meets the unique needs of individuals

- Address climate change as a critical component of food and nutrition security. This can be done through environmental protections that rebuild food webs and increase biodiversity and researching how food, agriculture and land use sectors contribute to greenhouse gas emissions
- Adjust federal subsidies for agriculture to incentivize growing fruits and vegetables sustainably as opposed to growing food components, such as corn and soy. The types of crops that are most often subsidized create food that encourages overconsumption of processed and calorie dense foods which are linked to higher rates of obesity and diabetes.

*Pillar #5: Enhance nutrition and food security research: Improve nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.*

- Approach all research efforts with an equity lens and involve the communities being served to ensure their voices are heard
- Establish a National Office on the Social Determinants of Health to coordinate nutrition and food security research, policy and other efforts among federal agencies. This office would be funded and staffed by representatives from the Departments of Housing and Urban Development, Agriculture, Education and Transportation, among others.
- Develop a data aggregating and sharing process with streamlined evaluation approaches across federal agencies to minimize over-surveying benefit populations, prove the effectiveness of programming and look at participation across multiple programs such as housing and nutrition
- Build medical coding language to provide referral details on food, transportation, housing and other SDoH needs and track social interventions to create a large understanding of a patient's health
- Support and promote the current interoperability initiatives of The Gravity Project and 360x which are working to create a standard language to improve how SDoH data is used and shared
- Focus on sustainability with all strategies to encourage lifelong food/nutrition security instead of short-term solutions that causes individuals to often bounce in and out of care

As you are well aware, the COVID-19 pandemic has highlighted ongoing challenges and disparities in access to healthy food and healthcare, as well as inequitable health outcomes across our society. We face many challenges in our food system, including food and nutrition insecurity, chronic hunger, food waste and inefficiencies and high rates of diet-related chronic diseases, all of which come with significant human and health costs. We commend your efforts to prepare for a conference that must catalyze the public and private sectors to develop a coordinated strategy to accelerate progress and drive transformative change in the U.S.

We are committed to working with the White House to help disseminate and educate our constituents, key stakeholders and the public on the policies, programs and outcomes of the conference, and have many avenues to do so in the coming months and years. The Coalition's 7<sup>th</sup> Annual National Summit on the Social Determinants of Health, scheduled for this October 2-4, will bring together hundreds of cross sector organizations to share best practices and discuss new approaches to addressing health equity. Dr. Sara Bleich from the USDA is confirmed to speak at this Summit and focus on the White House



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Conference will be paramount throughout the two days of networking and information sharing. We believe by working together we can improve nutrition and physical activity, address disparities and end hunger in our country.

If you have any questions or we can provide any further support, please do not hesitate to reach out to us at [bpetee@rootcausecoalition.org](mailto:bpetee@rootcausecoalition.org) or [tdorney@rootcausecoalition.org](mailto:tdorney@rootcausecoalition.org), respectively.

We look forward to the event in September and appreciate your commitment to this urgent issue.

Sincerely,

Barbara Petee  
President  
The Root Cause Coalition

Thomas Dorney  
Director  
The Root Cause Coalition