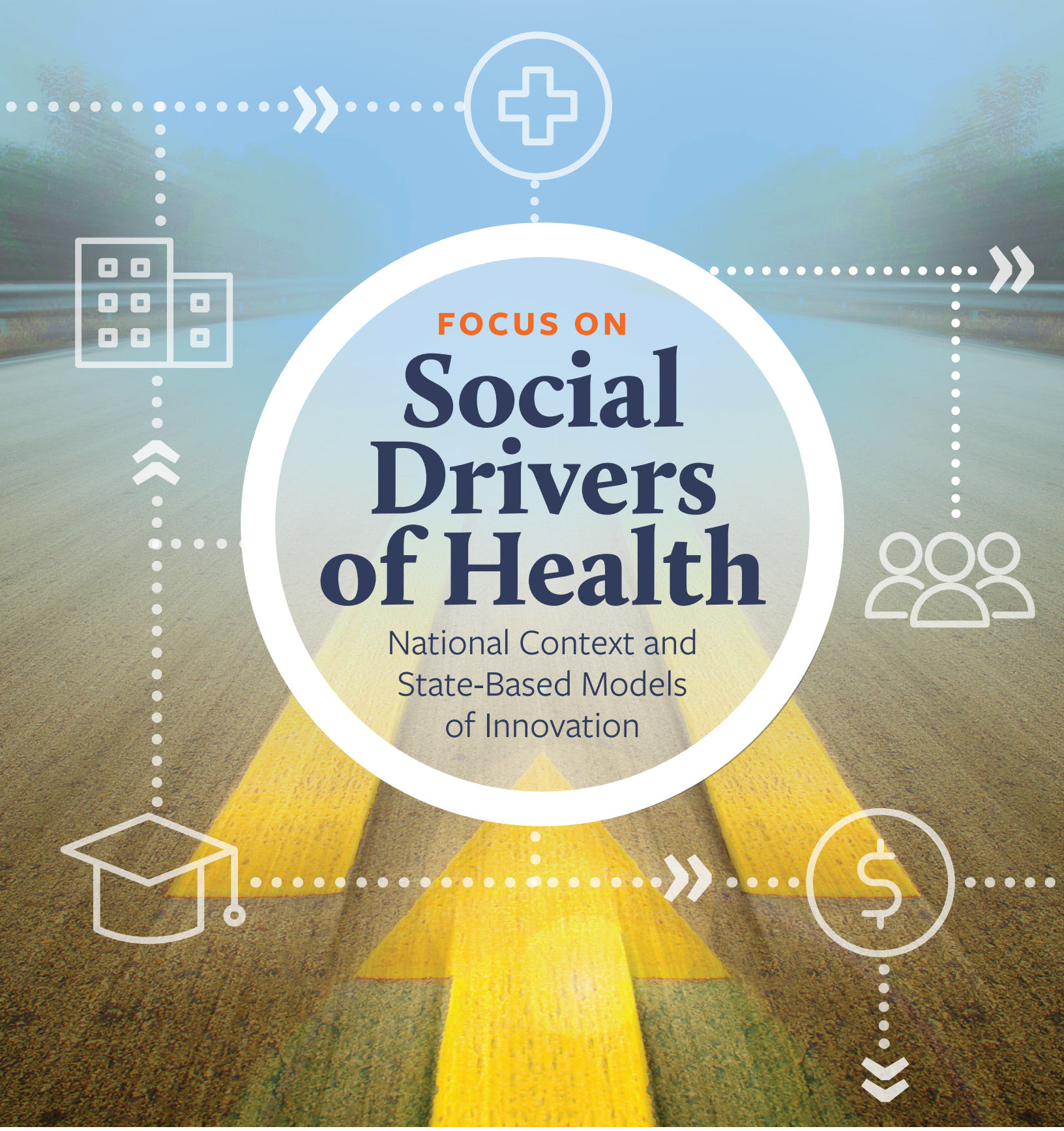


FOCUS ON

Social Drivers of Health

National Context and State-Based Models of Innovation

HUNGER TO HEALTH COLLABORATORY

Learnings from a Hunger to Health Collaboratory Convening

July 13, 2023 | Mass General Brigham, Somerville, MA

Contents

(L-R) Sheila Hanley, CMS Innovation Center; Katie Garfield, CHLPI; Alberto González, USDA; Dr. Priscilla Wang, Mass General Brigham; and Richard Sheward, Children's HealthWatch

OVERVIEW

An Important National Moment

National momentum continues to build around addressing food and nutrition insecurity, particularly Food is Medicine programming, as critical components of equitable healthcare, and the U.S. is now at an inflection point. As we emerge from the height of the COVID-19 pandemic and confront the unwinding of the national Public Health Emergency, how we respond to pressing national health equity challenges will have generational impact.

"The major opportunity we have right now is that we have an Administration that recognizes how critical it is to integrate nutrition and health."

Alberto González, Senior Advisor for External Affairs, Food and Nutrition Service, USDA

Over the past year, the Hunger to Health Collaboratory (H2HC) has been facilitating national conversations focused on the priorities laid out at the historic September 2022 White House Conference on Hunger, Nutrition, and Health. These priorities are also described in the Biden-Harris Administration National Strategy. H2HC's convenings have highlighted and shared national themes, examples of innovation from around the country, implications for thought leaders, and recommendations for action.[1,2]

To support this national strategy, H2HC has launched its inaugural Prizes for Innovation. Through these prizes, the Hunger to Health Collaboratory is identifying and uplifting successful and innovative efforts from around the country that address food and nutrition security to advance health equity. In this inaugural year, H2HC is awarding two $100,000 prizes to recognize organizations leading the way with upstream approaches to advancing health equity in their communities. Prize winners will be introduced at the H2HC Fall Summit on November 16, 2023, in Boston.

At H2HC's November 2022 Fall Summit, "The Way Forward", participants from around the country reinforced the need for a national, whole-of-society approach to addressing food and nutrition insecurity and advancing health equity. Key recommendations included:

- Convene and collaborate
- Engage critical stakeholders, including from the corporate and healthcare sectors
- Remove barriers to collaboration and shared learning
- Transform the health system
- Prioritize equity
- Demonstrate ROI/cost savings
- Build a repository of innovative examples

These recommendations became the basis for H2HC's July 2023 convening, "SDOH: National Context and State-Based Models of Innovation", which this report summarizes.[3,4]

Introduction

Stakeholders around the country continue to learn from the innovations and challenges that emerged in response to the COVID-19 pandemic and capitalize on the energy created by the 2022 White House Conference on Hunger, Nutrition, and Health. A new national commitment, fueled by presidential and Cabinet-level leadership from across 25 agencies and regional commissions, has increased awareness and encouraged the development and testing of innovative responses to food and nutrition insecurity around the country.

"The SDOH landscape is not simple or cut and dry. There was a lot of work, effort, and years of energy that went into getting to where we are today. The Pandemic policy environment offered a really unique moment, almost like a laboratory of innovation, and there were many policy changes and flexibilities that opened up many opportunities. But that has really become a double-edged sword now that the Public Health Emergency has expired and things are unwinding."

Richard Sheward, Director of System Implementation Strategies, Children's HealthWatch

National Strategy: Five Pillars[2]

"This really is a [national] moment, and it's very different from several years ago when I first came to the CMS Innovation Center and talked about food and nutrition. It is seen as our core work now, in part because of the leadership of the administration that has coalesced around health equity and addressing the issues of the social drivers of health—developing the data and the programs that will lead to a reduction in disparities."

Sheila Hanley, Senior Advisor, Center for Medicaid and Medicare Services Innovation Center, HHS

On July 13, 2023, the Hunger to Health Collaboratory convened a group of national and state leaders to discuss "SDOH: National Context and State-Based Models of Innovation" to distill opportunities and challenges as we collectively work to improve our national health. More than 60 attendees and 120 virtual participants took part in the event at Mass General Brigham headquarters in Somerville, MA.

Participants discussed the national landscape, including the new energy focused on the Food is Medicine movement and the May 11, 2023, ending of the COVID-19 Public Health Emergency (PHE). The state of emergency had allowed the Secretary of Health and Human Services to take discretionary action, including waiving certain Medicaid, Medicare, and Children's Health Insurance Program (CHIP) requirements. Discussion also included a focus on Medicaid redetermination (the process states use to reassess Medicaid eligibility) and current challenges facing federal nutrition programs, such as the end of Pandemic-era increases to Supplemental Nutrition Assistance Program (SNAP) benefits and new work requirements affecting millions of Americans who rely on SNAP.[5,6,7,8]

Following discussion of the national context, participants examined the ways select states, including California, Colorado, Massachusetts, New Hampshire, North Carolina, and Vermont, are innovating to address these challenges. Participants discussed strategies from leveraging Section 1115 Medicaid demonstration waivers (see page 12 for Section 1115 definition), to expanding Food is Medicine initiatives, to building nontraditional partnerships between healthcare, community organizations, and the private sector—and the pain points revealed by the rollout of these innovative solutions.

Social Drivers of Health

Three Areas For Action

Through a series of presentations, conversations, and robust exchanges, H2HC event participants identified three broad categories in which stakeholders can take action:

1 **Making Foundational Change**

2 **Developing Programs and Priorities for Broad Impact**

3 **Increasing Accountability through Metrics and Systems**

(L-R) Dr. Dariush Mozaffarian, Tufts Food Is Medicine Institute, and Nicolene Hengen, H2HC

1 | Making Foundational Change

Understanding the Social Drivers of Health

The social drivers of health (SDOH) are critical components of individual, community, and national health and well-being. Experts and advocates have long understood that social issues such as housing, discrimination and racism, education, income, and access to affordable nutritious foods are major contributors to health disparities and inequities. A 2017 National Academy of Medicine report revealed that medical intervention accounts for only 10 to 20 percent of the modifiable contributors to health outcomes, while SDOH accounts for 80 to 90 percent.[9] The data for addressing SDOH comprehensively and collaboratively is compelling.

Integrating SDOH into Healthcare

The Physician's Foundation, a nonprofit committed to advancing the work of physicians and the delivery of high-quality healthcare to patients in the United States, conducts an annual survey of U.S. physicians to collect data on the practice environment and patient care. In their 2022 survey of 1,500 U.S. physicians, the Foundation reported that:[10]

80% **believe the U.S. cannot improve health outcomes or reduce healthcare costs without addressing SDOH**

63% **frequently feel burned out trying to address SDOH**

"In terms of opportunity, we've really seen, over the last year in particular, incredible buy-in at the federal, state, and local level into this idea of Food is Medicine... We had a real watershed moment last September with the second-ever White House conference on Hunger, Nutrition, and Health, and the release of a National Strategy that in many ways put the idea of Food is Medicine, as well as responding to nutrition and food security, really front and center."

Katie Garfield, Director of Whole Person Care, Center for Health Law and Policy Innovation, Harvard Law School

"One important piece of why we're seeing burnout in this post pandemic period is a phenomenon called 'moral injury'—the idea that you know the right thing to do, you want to do the right thing, but you are unable to do it because you don't have the necessary resources or control. A key question for us in this work, as we try to increase focus on health-related social needs, is how do we do so in a way that is truly sustainable for our workforce?"

Dr. Priscilla Wang, Associate Medical Director, Primary Care Health Equity, Mass General Brigham

50% reported that SDOH challenges cause them stress or frustration on a weekly or daily basis

71% identified limited time during patient visits to discuss SDOH

64% identified insufficient workforce to help patients navigate community resources and address SDOH issues

Physicians also identified actions for improving health outcomes and ensuring high-quality, cost-efficient care for all:

86% identified reimbursing physician-directed efforts to address SDOH issues

81% identified providing greater flexibility for Medicare Advantage to reimburse SDOH-related care

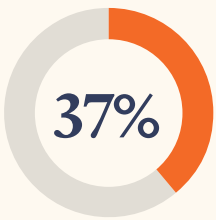
74% dentified integrating SDOH into payment policies

Results of both surveys clearly demonstrate that physicians who are committed to addressing SDOH issues lack the time, funding, and infrastructure to effectively do so, often exacerbating burnout that is already prevalent among healthcare workers.

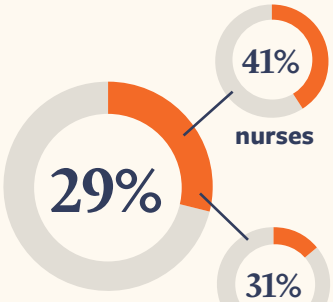
Healthcare Workers and Burnout

In April 2023, investigators at Brigham and Women's Hospital conducted a national study on burnout rates among health-affiliated staff, including doctors, nurses, medical assistants, pharmacists, therapists, and environmental service employees. The survey of 206 healthcare organizations collected 43,026 responses:[11]

of respondents reported feeling burned out



of physicians reported feeling overburdened



of respondents indicated they plan to leave their job

(L-R) Sheila Hanley, CMS Innovation Center, and Katie Garfield, CHLPI

Adopting SDOH Screening as a Standard of Care

Initial work around healthcare screening, which primarily focused on food insecurity, dates back decades. In 1995, the US Department of Agriculture (USDA) developed its first 18-item US Household Food Security Scale. This scale has been refined over time to better meet the needs of both patients and practitioners.[12]

In 2010, Children's HealthWatch, a nonpartisan network of pediatricians, public health researchers, and policy experts committed to improving child health in the U.S., developed the Hunger Vital Sign. The tool is a validated, two-question food insecurity screening tool based on the U.S. Household Food Security Survey. The tool helps to identify households as being at risk for food insecurity based on their answers to two simple questions:

1. **"Within the past 12 months we worried whether our food would run out before we got money to buy more", and**
2. **"Within the past 12 months the food we bought just didn't last and we didn't have money to get more."**[13]

In more recent years, healthcare screenings have expanded to include additional SDOH issues and are becoming more widespread as regulatory changes require health plans, hospitals, physicians, and other providers to screen for food insecurity as a standard component of care.

For example, the Centers for Medicare and Medicaid Services (CMS) have developed SDOH screening measures that will be required by hospitals, health plans, and multi-payer federal and state programs to help identify and address nonmedical needs in a clinical setting. These new measures are voluntary in 2023 and will be required by 2024 for all reporting hospitals.[14,15,16]

"Our programs are increasingly focused on making sure that benefits are meeting the needs of more vulnerable populations. Right now, coverage of food and nutrition benefits is mostly limited to Medicare Advantage organizations, either through the Innovation Center or the overall CMS program through the special supplemental benefits for chronically ill. But what about enrollees in fee for service? Our focus is to develop the evidence to show that food and nutrition programs really do improve health."

Sheila Hanley, Senior Advisor, Center for Medicaid and Medicare Services Innovation Center, HHS

"How do we make it easy for people to do the right thing? How can we not just ask people to do more with less but really build the structures, incentives, and structural programs that can create those connections and really do more than just performative screening but really get at addressing individual social needs?"

Dr. Priscilla Wang, Associate Medical Director, Primary Care Health Equity, Mass General Brigham

The Joint Commission, the body that accredits more than 22,000 healthcare organizations and programs in the U.S., has issued new requirements for health-related social needs (HRSNs) screening. Initially, organizations will be allowed some flexibility to determine which HRSNs to assess and which patients to target for HRSN assessment and connection to resources. The goal is to "…allow organizations to understand the value of screening and identify the resources most needed by the people they care for. These standards will serve as a foundation for future work to address healthcare disparities and achieve equity."[17,18]

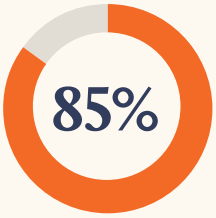
Throughout the day, experts emphasized the need to make screening processes as easy as possible for staff, ensure that the information collected is actionable, and ensure that the practice avoids duplication and allows for information sharing.

Advancing Food is Medicine

Dr. Dariush Mozaffarian, Distinguished Professor, and Jean Mayer Professor at the Tufts Friedman School of Nutrition Science and Policy, reflected on the national Food is Medicine movement.[19] Moving forward will require buy-in from stakeholders, including payers and the private sector, a focus on capacity-building, attention to the particular needs of different demographics, and the time and resources to prepare systems for a smooth roll out.

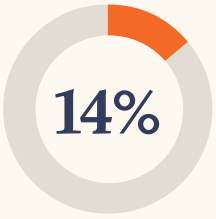
Food is Medicine

Food is Medicine is a set of food-based nutrition programs and interventions integrated into the healthcare system to advance specific health needs and health equity in different populations.[21]



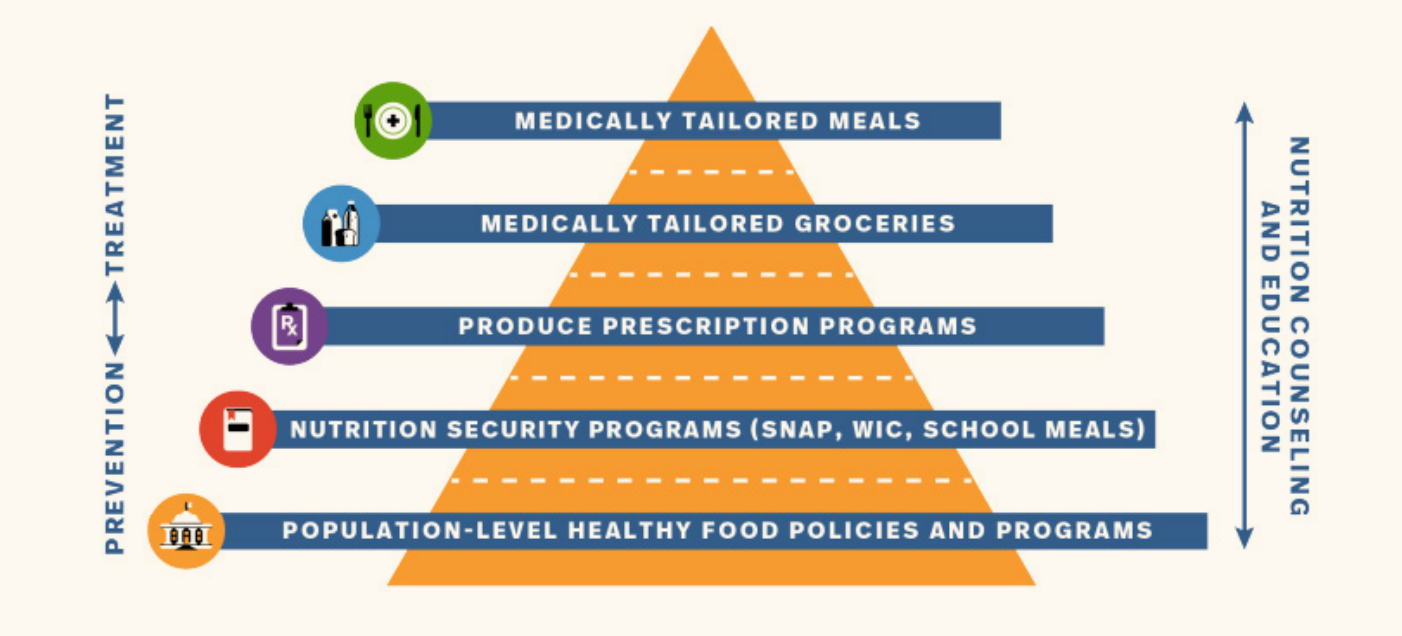
of U.S. healthcare spending is related to the management of diet-related chronic diseases

Adults with serious medical conditions who received 10 medically tailored meals per week for an average of 9 months per year were 49% less likely to be admitted to the hospital



Annual savings if all eligible Americans received medically tailored meal interventions

Reduction in healthcare costs from a program that provided 10 medically tailored meals per week for an average of 9 months per year to adults with serious medical conditions (including the cost of the program)



THE FOOD IS MEDICINE PYRAMID[21]

Tufts University has established a new university-wide Food Is Medicine Institute, led by Dr. Mozaffarian, to focus on four national areas of work:[20]

- research, education, and training
- community engagement and policy development
- patient care and clinical care development
- overall accounting

Dr. Mozaffarian noted that despite growing national support for food- and-nutrition-based interventions to prevent and manage chronic diet-related diseases, the movement is challenged by three factors:

- insufficient study design and evaluation
- the expectation of significant cost savings (which is not necessarily applied to other healthcare interventions for diet-related diseases, such as drug interventions to treat cardiovascular disease, Type-2 diabetes, and hypertension)
- HIPAA and compliance challenges that community-based organizations face when working to partner with healthcare organizations

Expanding Reimbursement

With growing awareness around the healthcare costs of food insecurity, CMS Medicare Advantage, state Medicaid programs, and other payers have begun to explore paying for innovative models including home-delivered medically tailored meals.

CMS has offered guidance for Medicaid managed care plans—individual health plans contracted with states to help deliver Medicaid services—on how they can use flexibilities to pay for interventions. In December 2022, CMS released a framework outlining how states serving low-income individuals can respond to health-related social needs through Section 1115 demonstration projects.[22]

"Our healthcare institution leverages its strength in advocacy and a very robust government affairs team. The hospital system led the effort to pass legislation to reimburse for community health navigation in partnership with the Colorado Hospital Association, and last year supported a ballot measure in Colorado that funds universal school lunch."

Susan Goldenstein, Director of Community Impact, Children's Hospital Colorado

(L-R) Susan Goldenstein, Children's Hospital Colorado and Dr. Steven Chen, Alameda County Recipe4Health

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services the authority to approve experimental, pilot, or demonstration projects that might help advance the objectives of the Medicaid program. These demonstrations, known as Section 1115 demonstration waivers, give states the flexibility to design and improve their programs and ultimately can inform policy approaches that will better serve Medicaid populations.[23]

Some states are now leveraging Section 1115 Medicaid demonstration waivers and strategies to creatively increase opportunities for reimbursement for responsive services and Food is Medicine interventions, e.g., produce prescriptions and medically tailored meals.

In May 2023, Colorado enacted new legislation that establishes a process to reimburse critical services provided by Community Health Workers, including health education, health navigation, and referrals to community-based resources. Children's Hospital Colorado is now working toward reimbursement for their food clinic, which provides healthy foods and nutrition counseling services. The hospital is building it out as an actual clinic in EPIC, their electronic health record system, with associated scheduling and documentation, to prepare for potential future reimbursement.[24,25]

These exciting innovations are filling critical gaps, but there is a tremendous need to serve more people and build these innovative responses into longer term programs. This will require ongoing research that continues to demonstrate that food and nutrition programs successfully improve long-term health outcomes.

Refining Policies

Participants emphasized that, in the midst of so much change, it is essential that advocates both pay attention and contribute to the iterative process of policymaking (e.g., the wide range of innovative responses being tested through the Medicaid 1115 waiver framework). We

need to ensure that the right stakeholders are involved from the ground up, and decision-makers need to keep a finger on the pulse of these programs to identify challenges and make subsequent adjustments to ensure true, lasting innovation occurs.

The Center for Health Law and Policy Innovation at Harvard Law School (CHLPI) is advancing policies to improve access to high-quality healthcare for individuals living with chronic illness. The Center's work includes a focus on advocating for policies that better equip the U.S. healthcare system to both effectively identify and respond to the health-related social needs and social drivers of health.[26]

"[Emerging challenges] could result in policy makers throwing up their hands, but happily, I don't think that's what we're seeing. Instead, in the face of that tension, we continue to see states putting forward new waivers. We continue to see federal legislation being advanced around produce prescriptions and medically tailored meals, and we continue to see calls for more research."

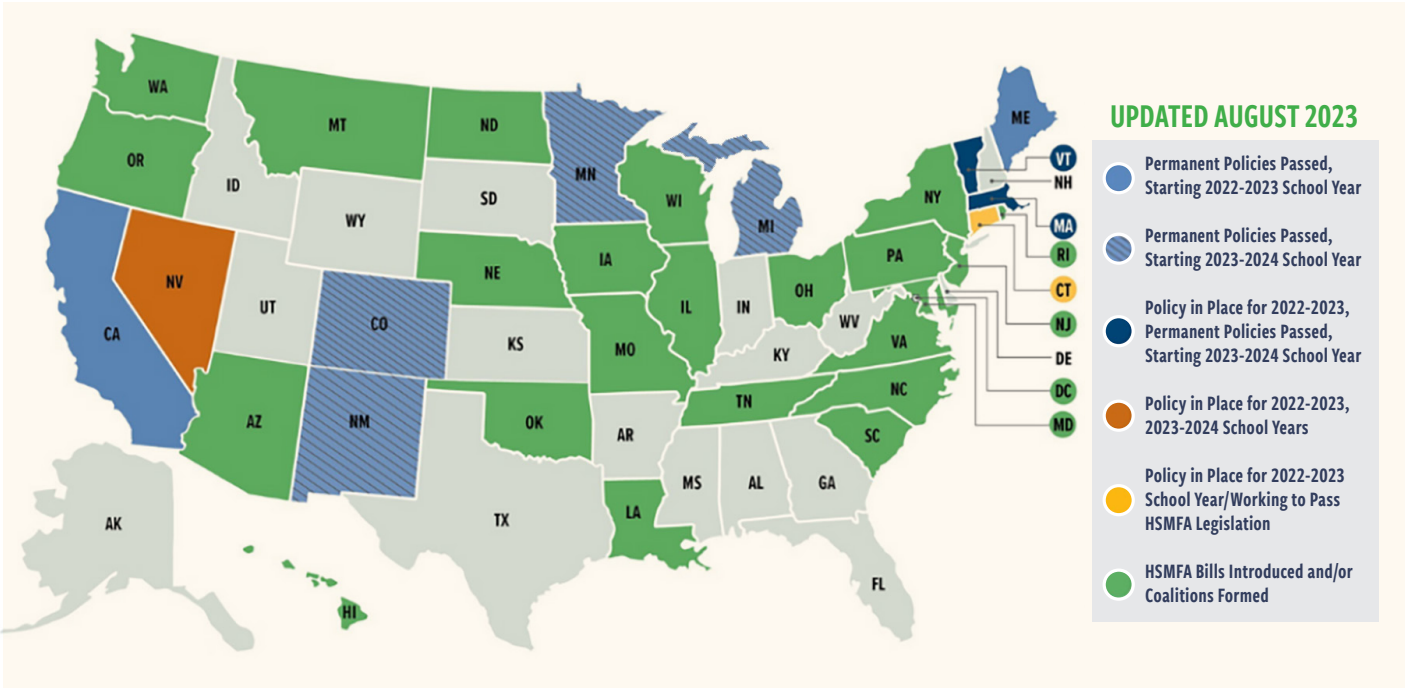
Katie Garfield, Director of Whole Person Care, Center for Health Law and Policy Innovation, Harvard Law School

2 | Developing Programs and Priorities For Broad Impact

Expanding Federal Nutrition Programs

Healthy School Meals Programs

For many children, school meals are the most nutritious meal they eat in a day. During the COVID-19 pandemic, access to those meals increased as USDA waivers gave schools more flexibility around food service operations. More recently, as many districts began to return to regular service, states and the federal government began proposing a range of new policies to expand access to healthy school meals.[27,28]



HEALTHY SCHOOL MEALS PROGRAMS

Source: https://frac.org/healthy-school-meals-for-all

"Thanks to the American Rescue Plan Act, we were provided with $390 million to modernize WIC. We targeted funds for outreach and enrollment and to modernize the systems. In informing what to do with these funds, we hosted listening sessions with organizations across the country, with stakeholders, with people who are on WIC, to ensure that, as this program is modernized, their perspectives were taken into account"

Alberto González, Senior Advisor for External Affairs, Food and Nutrition Service, USDA

- California, Colorado, Maine, Massachusetts, Michigan, Minnesota, New Mexico, and Vermont have established universal school meal programs. Some of these states, like Colorado and Massachusetts, are directly funding universal meals through voter-passed proposition tax measures.[29]
- New Jersey, Virginia, and Washington have made reduced-price meals free.
- Washington's legislation mandates permanent free meals for all K-4 students at schools at which at least 30% of students are eligible for free or reduced-price meals.
- Connecticut and Nevada enacted legislation to temporarily provide free meals for all students, extending the pandemic waiver for universal free school meals until the end of the 2023 and 2024 school years, respectively.

Summer Meals Programs

To fill the gap in nutrition during the summer months when schools are not in session, the USDA recently created two new programs:

Summer Electronic Benefit Transfer Program for Children (Summer EBT) program will officially launch in summer 2024 and will potentially benefit more than 29 million children.[30]

In summer 2023, some rural areas distributed nutritious meals to kids through the Summer Food Service Program and NSLP Seamless Summer Option.[31]

Expanding Partnerships

Nontraditional partners and collaborations across federal agencies offer critical opportunities to increase capacity and broaden reach. It is important for new programs to coordinate with existing programs rather than duplicate services, especially by seeking to collaborate with successful programs already embedded in the communities.

Jean Terranova, Community Servings

(L-R) Alberto González, USDA; and Dr. Priscilla Wang, Mass General Brigham

The Food and Nutrition Service is working with the Office of Veterans Affairs and local government agencies to better understand the issues impacting food insecurity among veteran populations and to identify strategies for connecting veterans to resources.[32]

USDA's Food and Nutrition Service oversees more than 16 federal nutrition assistance programs, such as SNAP, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and school meals. The agency is leaning into relationships with the healthcare sector including with hospital systems, pediatricians, and other trusted messengers to get the word out about programs critical to advancing health equity and reducing longstanding health disparities.

Leveraging Existing Opportunities

Federal Examples

The Biden Administration's 2023 budget included funds to review all government initiatives and identify opportunities to support coordination as well as potential conflicts that may cause delays and pain points in the delivery of services.[33]

- Now operating in 49 states, Puerto Rico, and the District of Columbia, The Center for Medicare and Medicaid Innovation (CMMI) has seen dramatic growth and uptake in their food and nutrition programs, particularly among Medicare Advantage organizations across the country. This has brought new engagement in the type and number of benefits provided to meet health-related social needs.[34]

- The SNAP Online Purchasing Pilot, which allows recipients to purchase food online using their SNAP benefits, has expanded to all 50 states. The USDA Food and Nutrition Service team responsible has been named a finalist for one of the Samuel J. Heyman Service to America Medals, an awards program honoring excellence and innovation in federal service run by the nonpartisan, nonprofit Partnership for Public Service.[35,36]

"What the Affordable Care Act did in the creation of the CMS Innovation Center is give us a magic wand to be able to get around CMS regulations and to design new demonstration models for delivering and paying for care, and to think differently about how to advance the health of Medicare beneficiaries."

Sheila Hanley, Senior Advisor, Center for Medicaid and Medicare Services Innovation, HHS

"I would say for those listening, wherever you are, rural or inner city, if you don't have your healthcare teams fully ready and prepared when these waivers come through, it'll be harder to execute on the promise of Food is Medicine."

Dr. Steven Chen, Chief Medical Officer, Alameda County Recipe4Health

State-Based Examples

To break down silos and help stakeholders learn from community programs throughout the US, H2HC invited select organizations from around the country to speak on innovative models that could be scaled and replicated to advance nutrition and health equity locally, regionally, and nationally.

SPOTLIGHT | **Center for Advancing Rural Health Equity**

The Center for Advancing Rural Health Equity at Dartmouth Health serves 1.9 million patients across predominantly rural areas of New Hampshire and Vermont.[37]

When their SDOH screening tool identifies patients as food insecure, they are referred to one of the hospital's 14 clinical departments that offer shelf-stable foods as a one-time intervention to open the door to longer term engagement. The program leverages partnerships with community-based organizations, local food pantries and food banks, senior centers, farmers, and culinary training programs.

Referrals to SNAP, WIC, and additional food programs reflect an effort to supply healthier food to the community more broadly as well as targeted interventions based on need in various populations, including:

- Healthy food prescription program offered through Pediatrics and Obstetrics
- Farm shares during the growing season offered through farm partnership
- Cooking classes offered through culinary medicine program at the health center
- Fresh food pantry in cancer center
- Farmacy garden on medical campus grows fresh produce
- Partnership with a local nonprofit managing food recovery and distribution
- Pilot program: Nutritionally tailored meals are delivered to the homes of pregnant and postpartum patients with food insecurity or at high risk for diet-related health conditions
- The development and implementation of workflows and clinical referrals includes training for care teams on how to talk about food and nutrition security and how to effectively complete referrals.

(L-R) Christine Ruggieri, USDA Northeast Regional Office; Sarah Cluggish, Project Bread; and Alberto González, USDA

Reinvestment Partners' Eat Well Program Makes Participating Easy[38]

A participating medical provider shares with patients that their diabetes diagnosis qualifies them for Eat Well.

Online enrollment takes just a few minutes.

The patient receives a pre-loaded debit card with a monthly allotment to spend on fruits and vegetables.

Participants purchase almost twice as many fruits and vegetables (+95%) after enrolling in the program.

94% of participants would recommend the program to family and friends.

SPOTLIGHT | **Reinvestment Partners**

Reinvestment Partners is a nonprofit in Durham, NC, addressing poverty and social injustice in the areas of food, housing, community development, health, and financial services through community programming and advocacy. They have contracts with managed care organizations (MCOs), Medicaid providers, Blue Cross Blue Shield, the Veterans Health Administration, and others.[38]

To address food insecurity, Reinvestment Partners has created an accessible process for their Eat Well food prescription program. The program, which is integrated into the healthcare system, relies on a mix of grant, contract, and fee-for-service funding. The organization works closely with partners to design the optimal program based on budgets and goals and includes rigorous privacy and security measures to ensure compliance.[39]

SPOTLIGHT | **Alameda County Recipe4Health**

Alameda County Recipe4Health is an innovative clinical model that works with community-based organizations (CBOs), providers, and health clinics to integrate food-based interventions into healthcare settings to treat, prevent, and reverse chronic conditions; to address food and nutrition insecurity and other social determinants of health; and to improve health and racial equity. The Recipe4Health model has three "ingredients" to achieve sustained improvements in patient health and wellbeing:

- **Food Farmacy:** Weekly produce prescription deliveries of regenerative and organic produce sourced through a local, BIPOC-led farm.
- **Behavioral Pharmacy:** Individual and group health coaching to sustain healthy habits.
- **Food is Medicine training and infrastructure support:** Clinical nutrition training for healthcare staff, as well as infrastructure support including electronic health record and clinic workflow integration, to successfully implement the model.[40]

"It's important to acknowledge that asking is not harmless. We're asking patients very sensitive questions about their struggles in life. Number one, if we're asking this in a cavalier way over and over, we risk retraumatizing patients. Number two, we've gotten feedback [from community health workers] that this is traumatizing for them because it brings back their own lived experience. And three, there's understandable frustration on the level of community members and consumers that they're being asked the same things in different ways."

Dr. Priscilla Wang, Associate Medical Director, Primary Care Health Equity, Mass General Brigham

Prior to California's securing its 1115 waiver, Recipe4Health used USDA GusNIP funds to seed innovation, prototype the Food Farmacy and the Behavioral Pharmacy, and train clinicians. They did not wait for the waivers to begin laying the groundwork.[41]

Strengthening Partnerships Between CBOs and Healthcare Organizations

Groundbreaking partnerships raise new questions and challenges. Advocates around the country are navigating the same issues at the organizational level and confronting questions such as, "When do community-based organizations (CBOs) qualify as covered entities and require patient privacy protections? When are they doing work that demands business associate agreements?" Participants agreed that energy at the federal level should focus on providing clear guidance and answers to develop a more efficient national system.

CMMI leverages private and public sector partnerships and initiatives that advance health equity and food and nutrition in particular. The Innovation Center is working with the value-based insurance design program, which includes coverage of health-related social needs for Medicare Advantage enrollees and benefits that include food and nutrition services as well as transportation and housing support.[45]

Centering Lived Experience

Lived experience describes direct personal experience with a particular issue. To create effective models and advance equity, we must invite people with lived experience into the conversation and honor their expertise in conceiving, developing, and implementing programs.

Streamlining Referrals through Partnerships

Atrium Health Wake Forest Baptist healthcare providers are working with their local Department of Public Health through a formal data sharing agreement. In their Epic system, when a provider makes a referral, their local WIC agency, through the Department of Public Health, can look in their system, see the referral, and reach out directly to the patient.[42,43]

Feed to Heal is a Massachusetts-based organization that leverages technology and relational coordination to deepen collaborations between healthcare systems and community-based food organizations. Their integrated referral platform enables health systems to connect identified food insecure patients to participating local food organizations more quickly, efficiently, and with greater workflow sustainability.[44]

L-R) Dr. Thea James, Boston Medical Center and Dr. Elsie Taveras, Mass General Brigham

"The bottom line is, when you populate the workforce at the highest levels with people who have lived experience, they have the fastest insights and answers to help us solve this and do something transformative."

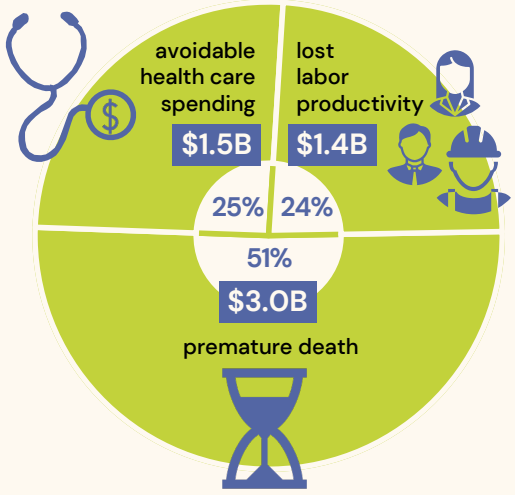
Dr. Thea James, Executive Director of the Health Equity Accelerator and Vice President of Mission, Boston Medical Center

The Health Equity Compact

Dr. Elsie Taveras, Executive Director of the Kraft Center for Community Health and Chief Community Health and Equity Officer at Mass General Brigham, spoke to Dr. Thea James, Executive Director of the Health Equity Accelerator and Vice President of Mission and Associate Chief Medical Officer at Boston Medical Center, about the Health Equity Compact.[46]

The Health Equity Compact is a group of more than 80 cross-sector leaders of color committed to jointly advancing health equity in Massachusetts. By leveraging their lived experiences and professional expertise, their mission is to advance statewide policy and institutional changes that center racial justice and health equity. Priorities include governance, measurement and accountability, workforce programs, and healthcare delivery and payment reform, including increased coverage and access, and addressing social determinants of health.

For the 2023-24 legislative session, the Compact filed An Act to Advance Health Equity, a bill that would elevate health equity to the executive level.[47]



Economic Burden of Health Inequities for Populations of Color in Massachusetts: $5.9 BILLION[48]

"To eliminate structural barriers, you must be able to recognize inequity. The thing that has surprised me most is how difficult it is for people to recognize it. [Massachusetts] Secretary of HHS, Kate Walsh, who was our hospital's CEO, used to say, 'Once you see it, you see it everywhere.' When you can't see it, the risk is that you will perpetuate it."

Dr. Thea James, Executive Director of the Health Equity Accelerator and Vice President of Mission, Boston Medical Center

The Health Equity Compact's June 2023 study, conducted in partnership with the Blue Cross Blue Shield Foundation of Massachusetts, concluded that unaddressed health inequities in the Commonwealth come at a tremendous cost to populations of color—an estimated $5.9 billion per year (based on estimates of $1.5 billion in avoidable healthcare spending, $1.4 billion in lost labor productivity, and $3 billion in premature deaths). The total cost, $5.9 billion, is expected to double by 2050 to $11.2 billion.[48]

MassHealth, the Commonwealth's Medicaid agency, has been incentivizing Medicaid accountable care organizations (ACOs) to work directly with community organizations to build the infrastructure needed to advance these partnerships. Rather than "reinvent the wheel" as healthcare organizations, ACOs are encouraged to leverage the lived experience already embedded in community organizations that work directly with individuals facing food and housing insecurity, discrimination, and economic hardship, as well as mental and physical health challenges.[50,51]

The Center for Advancing Rural Health Equity at Dartmouth Health has prioritized co-creating programs and resources with patients by engaging them and asking, "What should those services look like? What do the materials look like? How should we have those conversations?" The Center's Request for Ideas form requires that applicants' narratives explicitly state how community members, including people impacted by the health issue/disparity, will be actively involved in the project.[52]

Centering Community in Innovation

When Boston Medical Center, Massachusetts's largest safety net hospital and an H2HC member, redesigned its campus in 2017, the hospital invested the $6.5 million required by the Commonwealth in housing and economic mobility initiatives, specifically housing, healthy affordable food, green walking space, and transit.

Hospital decision-makers involved the community in the planning process, and the community members requested a grocery store. The project team identified two business leaders of color with experience in the retail food space who were deeply committed to incorporating community input in the project, but who wanted their involvement to be as owners, not just operators. Hospital decision-makers recognized that allowing these leaders to own the store would not only enable them to build generational wealth, it would honor the mens' vision for what the store would mean for the community and ensure they could see that vision through. .

In just its first year of operation, Nubian Markets has thrived and helped transform its neighborhood by providing consistent access to heathy, culturally relevant food and a community gathering space.[49]

(L-R) Sheila Hanley, CMS Innovation Center; Nicolene Hengen and Richard MacMillan, H2HC

3 | Increasing Accountability Through Metrics and Systems

Understanding Program Impact on the Food System

It is important that decisionmakers balance the needs of patients with the health of food systems at the local and regional levels. Advocates must build awareness of what success looks like when regional are positioned to meet and scale the food and nutrition needs of their populations in systematic and sustainable ways.

When Alameda County Recipe4Health was designing their model, they knew that the produce they supplied for their Food Farmacy program had to be grown in a climate-conscious way for the model to be sustainable. To achieve this goal, they chose to partner with Dig Deep Farms, a nonprofit, BIPOC-led urban farm system. The farm uses regenerative agriculture practices, a style of agriculture that sequesters more carbon from the atmosphere than any other type of farming. This partnership helps to ensure that Recipe4Health's model is not only beneficial to patients and practitioners but also helps to support a more sustainable food system.[53]

"Let's use this transformation to also transform food and agriculture. When you link healthcare and agriculture and food systems together, you deal with the climate issue. When you grow the food regeneratively and organically, you bring more carbon into the ground, and you can better manage droughts. And that leads to better outcomes for the planet as well as better outcomes for us humans. Let's build investments in an infrastructure with BIPOC farmers, BIPOC supply chains, food hubs—and let's bring HHS and USDA together to not do this haphazardly but make it happen inter-agency."

Susan Goldenstein, Director of Community Impact, Children's Hospital Colorado

"In a rural setting, we lack the data and practical evaluation methodology measures and systems to collect data. There's a unique opportunity for rural health system partners to come together and share lessons learned and best practices to implement shared core data collection approaches and aggregate small populations for research so we can contribute to that evidence base."

Chelsey Canavan, Manager, Center for Advancing Rural Health Equity, Dartmouth Health

Aligning Screening Standards and Requirements

In implementing SDOH screening processes, we must standardize changes and metrics and validate the questions asked. This includes considering the nuances, such as who asks the questions, and how and where they are asked, as well as considering what is done with the information gathered. Keeping these considerations in mind and standardizing program changes will ease the burden for both patients and providers and will also ensure the data is used in a beneficial way with obtainable goals.

The USDA has been hosting a series of regional healthcare summits in collaboration with ProMedica and the Root Cause Coalition. The conversations offered health insurance plans, physicians, and other healthcare sector leaders the opportunity to learn from each other, identify and elevate effective models, find opportunities to work together to advance food and nutrition security efforts at the federal level, and build on the momentum of the historic White House Conference.[54,55,56]

Making the Case with Research and Data

We must push for research at the highest levels and press for streamlined processes and information sharing to ensure that research findings are actionable. While research has long supported the case for leveraging social drivers of health, payers, policy makers, and decision-makers expect advocates to continually prove their case.

The Office of Nutrition Research (ONR) at the National Institutes of Health identifies promising research projects for NIH support, develops and manages NIH-wide nutrition research

(L-R) John Erwin, UMass Chan Medical School; Stephanie Campbell, Health Leads

Participants at H2HC's July 13, 2023 Convening

projects, and advises NIH leadership and other key officials on issues relating to research. To strengthen this work, ONR has requested $121M in the President's FY24 budget.[57]

ONR has introduced the concept of Food is Medicine Centers of Excellence. The Centers will focus on reducing the burden of diet-related diseases and nutrition disparities through support for Food is Medicine research, patient care and education, and community engagement.[58]

Through their Innovation Center, CMS has tested more than 80 payment and service delivery models designed to achieve better care for patients, better health for communities, and lower costs through improvements to the healthcare system. Increasingly, those models will require health equity plans with an emphasis on data collection methods. The Center has prioritized demonstrating that food and nutrition programs work in collaboration with the private sector to enable the expansion of those programs.

Meeting the Need for Infrastructure Support

There is a universal need for infrastructure support and a lack of funding. Pressing priorities include developing the electronic connections between agencies and stakeholder groups and creating automated systems for identifying qualifying recipients.

There is incredible potential to partner with community-based organizations but many of these organizations lack the technology, referral systems, or HIPAA capacity to partner with healthcare systems.

"With the Section 1115 waivers, we have an opportunity to truly connect community-based organizations to the healthcare sector instead of pulling capacity away from those CBOs. I think HIPAA compliance is part of it. These components are kind of boogiemen, but at the same time they're tangible. You can set a path to figure out how to be HIPAA compliant. I know it's a big investment, but once you do, it really opens doors."

Sam Hoeffler, Director of Food Programs, Reinvestment Partners

"Going forward, I think innovation will be more of a team sport that includes your data scientists, your school nurses... We need innovation in the development of infrastructure, in the creation of models that begin to define the dimensions of sustainability, and in being able to coalesce a research agenda that really helps us to reduce the cycle time in being able to demonstrate what works."

Sheila Hanley, Senior Advisor, Center for Medicaid and Medicare Services Innovation Center, HHS

SPOTLIGHT | **Resource Connect at Children's Hospital Colorado**

Children's Hospital Colorado has streamlined their referral process through on site 'warm handoffs'. Primary care patients' annual psychosocial screening includes five questions about social needs.

If they screen positive for any social needs, a community health navigator makes immediate contact. The community health navigator helps the patient connect with and navigate resources.

The navigator can introduce the patient to an on-site suite of offices called Resource Connect, which houses several community-based organizations focused on social drivers of heath including nutrition and food access, public benefits, housing, education, workforce training, and legal services.

At the Healthy Roots Food Clinic within Resource Connect, patients can shop for a week's worth of groceries for their family (and can return once a month for six months).

Patients can also meet on site with a public benefits technician to ensure that they are enrolled in all the programs for which they are eligible.[60]

Massachusetts is using the Section 1115 waiver framework to allow Medicaid dollars to be dedicated to building infrastructure needed for partnerships between community-based organizations and the healthcare system[59]

The Center for Advancing Rural Health Equity at Dartmouth Health has leveraged community benefit dollars along with small grants that have allowed them to create programs, workflows, and partnerships that are then sustainable with minimal funding after grant dollars.

Reinvestment Partners is working with North Carolina's Department of Health and Human Services to generate an eligibility list using existing data, which identified 25,000 people who were likely eligible for a $210 monthly debit card for fruits and vegetables under the state's waiver program. A local Managed Care Organization (MCO) then contacted the individuals and enrolled 3,000 recipients within the first month through a simple online application process.

Six million people are enrolled in Medicare Advantage, the values-based insurance program, and increasingly, those enrollees have dual eligibility to be enrolled in programs like SNAP.[61]

Of the Medicare Advantage plans that are special needs plans for the dually eligible, 75% of those plans participate in the value-based insurance design program. And, of those, 60% offer food and nutrition benefits.

CONCLUSION

H2HC's July convening displayed the power of collaboration in thinking creatively and building consensus to advance health equity. Whether through strategically eliminating duplication and red tape or by harnessing unconventional partnerships, speakers highlighted pathways for innovation and success created by those tasked with the hardest work in this effort, including patients, providers, healthcare leaders, corporate partners, academics, community advocates, and policymakers. Together, the diverse, cross-stakeholder participants identified pressing priorities and outlined models of innovation and strategies that put solutions within reach.

July 2023 Recommendations

- Take full advantage of current opportunity for waiver-based experimentation
- Share lessons learned for needed course corrections
- Build nontraditional partnerships between healthcare, community organizations, the federal government, and the private sector to increase capacity and broaden reach
- Approach innovation as a team sport
- Prioritize and center health equity in healthcare
- Build the structures, incentives, and structural programs that can support effective SDOH referral connections
- Address the HIPAA and compliance challenges that community-based organizations face when working to partner with healthcare organizations
- Make heathcare work sustainable for healthcare professionals
- Adjust Food is Medicine cost savings expectations (which are considerably higher than those for other healthcare interventions for diet-related diseases, e.g, drug interventions to treat cardiovascular disease, Type-2 diabetes, and hypertension)
- Address SDOH issues holistically
- Make screening processes as easy as possible for staff
- Ensure that screening information collected is actionable, avoids duplication, and allows for information sharing
- Acknowledge that asking screening questions is not harmless

(L-R) Dr. Annabelle Jones and Dr. Kavitha Ranganathan, Mass General Brigham; and Dr. Thea James, Boston Medical Center

PARTICIPANT FEEDBACK

"What was so exciting to me about this event was the energy in the room with leaders from Massachusetts and across the country who are on the front lines of integrating food security into health care. We heard that cross-collaboration is what is going to continue to drive us forward. It's clear that we have the backing of the Biden Administration on our path to solve hunger and achieve health equity, and as we know from state-level advocacy, it's that inside-outside game that is going to move the needle and ensure that everyone has access to healthy food."

MJ Kepner, Senior Director of Policy and Advocacy, Chef Ann Foundation

Thought Leadership in Action

MISSION AND HISTORY

Founded in 2018 by innovative leaders from Stop & Shop and The Greater Boston Food Bank, the Hunger to Health Collaboratory (H2HC) catalyzes integrated solutions to food, health, and nutrition inequities through a focus on the social drivers of health.

H2HC engages cross-sector thought leaders, uplifts innovative and effective models from around the country, and educates stakeholders.

H2HC believes that everyone deserves access to sufficient nutritious food and equitable healthcare. H2HC strives to include diverse voices in its work to address food, nutrition, and health inequities.

LEADERSHIP

H2HC is led by a cross-sector Leadership Council whose members have extensive industry and nonprofit experience. Leadership council members include **Keurig Dr Pepper, Stop & Shop,** and **The Greater Boston Food Bank. Boston Medical Center** is an Advisory Council member. H2HC is also supported by its expert Strategic Advisory Network.

(L-R) Samantha Smith, H2HC; Dr. Priscilla Wang, Tracy Sylven, Anne Fox, Mass General Brigham; and Nicolene Hengen, H2HC

Accomplishments

Collaboratory convenings, both in person and virtual, have brought together thought leaders and participants representing healthcare and public health, academia, the private and nonprofit sectors, government and social services, and philanthropy. Other successes include:

$200,000
AWARDED

in 2023 as Inaugural Prizes for Innovation to two organizations leading the way with successful, upstream approaches advancing food, nutrition, and health equity in their communities

$1.2M
GRANTED

in support of innovative, community-based models and research studies

19
FUNDED

community-based organizations in CT, MA, and RI

1000+
CROSS-SECTOR THOUGHT LEADERS

at in-person and virtual convenings and 10 strategic convenings from 2018–2023

8+
RESEARCH REPORTS

for food access and health equity

4
ORGANIZATIONAL MEMBERS

representing corporate, healthcare, and nonprofit sectors

"With the Inaugural H2HC Innovation Prizes, we're really looking for outside-of-the-box thinking, and we want to reward those who are taking interesting, innovative steps that advance health equity."

Melanie Condon, Sr. Director of Corporate Affairs and Engagement, Keurig Dr Pepper Inc.

Melanie Condon, Keurig Dr Pepper

Panelists and Presenters

Chelsey Canavan, Manager, Center for Advancing Rural Health Equity, Dartmouth Health

Dr. Steven Chen, Chief Medical Officer, Alameda County Recipe4Health

Melanie Condon, Sr. Director of Corporate Affairs and Engagement, Keurig Dr Pepper Inc.

Katie Garfield, Director of Whole Person Care, Center for Health Law and Policy Innovation, Harvard Law School

Susan Goldenstein, Director of Community Impact, Children's Hospital Colorado

Alberto González, Senior Advisor for External Affairs, Food and Nutrition Service, USDA

Sheila Hanley, Senior Advisor, Center for Medicare and Medicaid Innovation, HHS

Erika Hanson, Clinical Instructor, Center for Health Law and Policy Innovation, Harvard Law School

Nicolene Hengen, Executive Director, H2HC

Sam Hoeffler, Director of Food Programs, Reinvestment Partners

Dr. Thea James, Executive Director of the Health Equity Accelerator and Vice President of Mission & Associate Chief Medical Officer, Boston Medical Center

Dr. Dariush Mozaffarian, Distinguished Professor, Jean Mayer Professor, and Dean Emeritus, Friedman School of Nutrition Science and Policy, Tufts University

Richard Sheward, Director of System Implementation Strategies, Children's HealthWatch

Dr. Elsie Taveras, Chief Community Health & Health Equity Officer and Executive Director, Kraft Center for Community Health, Mass General Brigham

Dr. Priscilla Wang, Associate Medical Director, Primary Care Health Equity, Mass General Brigham

2018–2023

H2HC Strategic Convenings

The Power of Collaboration (2018)

Mobilizing Healthcare for a Hunger-Free Massachusetts (2019)

Hunger to Health Summit: Acting Together to Address Food Insecurity (2020)

Addressing Community Inequalities During COVID-19 Recovery Townhall (2020)

Mobilizing Healthcare Grantee Forum (2020)

Hunger to Health in COVID and Beyond: Food Policy as Health Policy (2020)

Entrepreneurial Thinking in the Social Sector (2020)

The Economic and Health Impacts of Food Insecurity: The Business Community as Changemaker (2021)

H2HC Fall Summit: The Way Forward (2022)

SDOH: National Context and State-Based Models of Innovation (2023)

2018 – 2022

H2HC-Supported Research

$2.4 Billion: The Avoidable Cost of Hunger in Massachusetts (2018)

Gaps in Food Access During the COVID-19 Pandemic in Massachusetts (2021)

Food Access in Connecticut: One Year into the COVID-19 Pandemic (2021)

Food Insecurity, Consumer Habits, & Chronic Disease in the First Months of the COVID-19 Crisis (2022)

Use of Food Assistance Programs during COVID-19 (2022)

Creating a Dignified & Welcoming Environment in Food Pantries (2022)

Poor Mental Health as a Consequence and Driver of Food Insecurity (2022)

Addressing the Health Consequences of Hunger Through a Hospital-Based Economic Mobility Pilot (2022)

Opportunities to Improve Food Equity and Access in Massachusetts (2022)

2019 – 2021

H2HC Grantmaking

H2HC awarded more than $1.2 million in grants to support innovative community models and critical research with 19 community partners in CT, MA, and RI:

2019

Food Bank of Western MA

Healthy Waltham

Massachusetts Food System Collaborative

Melrose Wakefield Healthcare

Northern Berkshire Community Coalition

Pioneer Valley Planning Commission

The Greater Boston Food Bank

The Open Door

Waltham Fields Community Farms

2020

Africano Waltham

Children's HealthWatch

Ethos

Everett Community Growers

Food Bank of Western MA

Foodshare

Growing Places

Just Roots

Our Neighbors' Table

Quincy Asian Resources Inc.

Rhode Island Community Food Bank

The Food Voice

The Greater Boston Food Bank

2021

Children's HealthWatch

Foodshare

RI Community Food Bank

The Greater Boston Food Bankank

ENDNOTES

All recordings from the H2HC event, "SDOH: National Context and State-Based Models of Innovation", are available on YouTube at: bit.ly/H2HCJuly2023

[1] White House Conference on Hunger, Nutrition, and Health: bit.ly/3kOzzIR

[2] National Strategy of Hunger, Nutrition, and Health: bit.ly/3tIgggL

[3] H2HC Report – *The Way Forward*, Learnings from the Fall 2022 Summit: bit.ly/3tJe6xl

[4] H2HC Event – SDOH: National Context and State-Based Models of Innovation: bit.ly/43LwHpg

[5] H2HC News – End of the COVID-19 Public Health Emergency: bit.ly/4078dpC

[6] H2HC News – The Great Medicaid Purge Begins: bit.ly/494Xwbi

[7] H2HC News – US is Racing Towards a Looming "Hunger Cliff", Food Insecurity Experts Warn: bit.ly/45HhVAz

[8] NPR - Adding Work Requirements for Food stamps Doesn't Have Desired Effect, Researchers Say: n.pr/46Vw9i4

[9] National Academy of Medicine – Social Determinants of Health 101: bit.ly/45EM7w3

[10] H2HC Resource – The Physician Foundation 2022 Survey of America's Physicians: bit.ly/490g0s4

[11] Brigham and Women's 2023 Study – *The Association of Work Overload with Burnout and Intent to Leave the Job Across the Healthcare Workforce During COVID-19*: bit.ly/46yLQMm

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[13] Children's HealthWatch – Hunger Vital Sign: childrenshealthwatch.org/public-policy/hunger-vital-sign

[14] Centers for Medicare and Medicaid Services: cms.gov

[15] New CMS Measures to Track Social Determinants of Health: bit.ly/3FrZpRU

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[19] Tufts Friedman School of Nutrition Science and Policy: nutrition.tufts.edu

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[24] Colorado Senate Bill enabling Medicaid reimbursement for CHWs, PNs, and PdS signed by Gov. Polis: bit.ly/3Fu1WLy

[25] Children's Hospital Colorado: childrenscolorado.org

[26] Center for Health Law and Policy Innovation, Harvard Law School (CHLP): chlpi.org

[27] JAMA – *Trends in Food Sources and Diet Quality Among US Children and Adults, 2003-2018:* bit.ly/3SaCzWG

[28] Food and Nutrition Service (FNS) – Child Nutrition COVID-19 Waivers: bit.ly/3Qq8Asn

[29] New State and Federal Policies Expand Access to Free School Meals: bit.ly/3Q5Fg9i

[30] FNS – Guidance for State Implementation of Summer EBT in 2024: bit.ly/3tLvwcM

[31] FNS – Non-Congregate Summer Meal Service: bit.ly/3QrvfnY

[32] FNS – Military and Veteran Families: fns.usda.gov/military-veteran

[33] Budget of the U.S. Government FY23: bit.ly/3M9Zf5e

[34] The CMS Innovation Center: cms.gov/priorities/innovation

[35] SNAP Online Purchasing Pilot: fns.usda.gov/snap/online-purchasing-pilot

[36] Samuel J. Haymen Service to America Medals: servicetoamericamedals.org

[37] Dartmouth Health – Center for Advancing Rural Health Equity: dartmouth-health.org/carhe

[38] Reinvestment Partners: reinvestmentpartners.org

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[41] USDA GusNIP: bit.ly/491Nk3s

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[44] Feed to Health: feedtoheal.org

[45] Medicare Advantage Value-Based Insurance Design Model: bit.ly/3Q663lJ

[46] Health Equity Compact: healthequitycompact.org

[47] An Act to Advance Health Equity: Bill Overview: bit.ly/3Q4rLqh

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[58] NIH Food As Medicine Centers of Excellence: bit.ly/46RTLEm

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[60] Children's Hospital Colorado – Resource Connect: bit.ly/496hbI8

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