



Building Enduring Solutions for Health Equity



**HUNGERTO
HEALTH**
COLLABORATORY

Learnings from the H2HC Fall 2023 Summit
November 16, 2023 | Boston, MA



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Fall 2023 Summit participants



Richard Sheward,
Children's
HealthWatch



Dear friends,

The Hunger to Health Collaboratory (H2HC) has, since 2018, been bringing together thought leaders from across the public and private sectors to both highlight and seek solutions to the national challenges we face in overcoming food, nutrition, and health inequities. By convening unlikely groups of participants, H2HC fosters collaborations among cross-sector partners seeking to advance health equity.

At H2HC's November 2023 Fall Summit, *Cross-Sector Approaches to Health Equity*, some 200 public and private sector participants from 20 states gathered or tuned in to learn, share, and explore innovative approaches to contending with complex social health factors.

Throughout the day, participants exchanged ideas and considered questions such as:

- What is the best way to highlight scalable models so that our work is collaborative rather than duplicative?
- How can we work collaboratively to create standard metrics to measure health equity, and how will we know when we've reached the 'finish line'?
- How can we work toward basic income models that do not exclude vulnerable groups and that are truly universal?
- How can we make healthy food both accessible and also the most affordable choice for consumers while still creating a return on investment?

US Assistant Secretary for Health Admiral Rachel Levine, a leader in the all-of-government approach to addressing critical national public health challenges, reminded us in her keynote that, *"In public health, we see the human consequences of housing insecurity, lack of transportation, nutrition insecurity, limited educational options, environmental injustices, and even political issues. We need to collectively understand our relationship to these issues and how our shared resources can help create enduring solutions."*

Panelists from Amazon Access, Geisinger Health, Instacart, and Stop & Shop discussed their innovative work related to health equity. A second panel, featuring experts from the Cambridge Community Foundation, Columbia University, the Federal Reserve Bank of Boston, and the Worcester Community Action Council explored the influence of basic income on health equity.

Spotlight conversations featured leaders from the Centers for Medicare & Medicaid Services (CMS) Innovation Center and the Health Equity Data Lab at the University of Notre Dame.

We concluded our Summit with the exciting introduction of our first two winners of H2HC's \$100,000 Prizes for Innovation, Alameda County Recipe4Health and DC Central Kitchen.

We invite you to join us at our next convening and add your voice to the ongoing national conversation.

Nicolene Hengen, Executive Director



Nicolene Hengen, H2HC, introducing Admiral Rachel Levine, HHS

KEYNOTE

1 | Tackling Social Barriers to Change with Federal-Community Collaboration

Setting the Stage for a National Effort

Keynote Admiral Rachel Levine, MD, Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS), spoke to the audience live from Washington, D.C. She is responsible for tackling complex national public health challenges, including those related to the COVID-19 pandemic; childhood, maternal, and senior health; the opioid epidemic; LGBTQ+ health disparities; and nutrition insecurity. In her work to advance nutrition security, Admiral Levine focuses on operationalizing the Biden-Harris Administration’s 2022 National Strategy to end hunger and reduce diet-related disease by 2030.¹

Both the public and private sectors are pursuing many different strategies to address the complex issues that underlie food insecurity in the U.S. “The Biden-Harris administration is

doing everything that we can to tackle these needs, but we need active community partners like you,” Admiral Levine told the audience.

H2HC is among the organizations that responded to the Biden-Harris Administration’s spring 2023 call for commitments to help end hunger. In 2023, H2HC launched its inaugural national Prizes for Innovation to identify and highlight creative, systemic efforts to address food and nutrition challenges and advance health equity in communities throughout the U.S.^{2,3}

Admiral Levine noted that her Boston-based Region One team has formed a partnership with the Hunger to Health Collaboratory and that the linkages between hunger and health fit within HHS’s larger New England Food Is Medicine portfolio. At the Summit, Betsy Rosenfeld, regional health administrator for HHS Region One, and Natalia Guevara, HHS senior public health advisor, invited participants from the six New England states in Region One to “... reach out to us. We’d love to think about how to integrate the work you’re doing.”⁴

The Social Drivers of Health: Federal Action for Community Impact

The social drivers of health have an outsized impact on overall health. The HHS Office of Disease Prevention and Health Promotion (ODPHP) 2022 Federal Plan for Equitable Long-Term Recovery and Resilience (ELTRR), also referred to as the ‘People and Places Thriving’ initiative, lays out a whole-of-government approach to strengthen resilience and improve well-being in communities nationwide. Championed by both Admiral Levine’s office and ODPHP on behalf of more than 35 federal departments and agencies, the 10-year plan focuses on the nation’s deep disparities in health, well-being, and economic opportunity and makes recommendations for harmonizing and maximizing federal resources to improve national resilience.⁵

“We must build the connections and opportunities to realize health, wellbeing, and justice. We can do this in a manner that enables us to truly support equity, engagement, access, and outcomes, and build a society in which all people and places thrive—no exceptions. We can do better. We must do better. And with your help, we will do better. We will build the thriving society that we all need, and we all deserve.”

Admiral Rachel Levine, Assistant Secretary for Health, U.S. Department of Health and Human Services (HHS)



(L-R) Natalia Guevara and Betsy Rosenfeld, HHS Region 1



“We need leaders representing healthcare and public health, but also academia, the private and nonprofit sector, social services, and philanthropy—leaders who are willing to work with social services, with educational institutions, and with our elected officials as well as healthcare and public health personnel to address the root causes of these inequities. That’s what we do in public health. We look for root causes, we look upstream.”

Admiral Rachel Levine, Assistant Secretary for Health, U.S. Department of Health and Human Services (HHS)

The Plan leverages a wide array of federal resources to enhance resilience. Admiral Levine noted that unlike recent emergency federal responses to societal challenges exacerbated by the COVID-19 pandemic, the ‘People and Places Thriving’ initiative relies on long-term approaches. As Admiral Levine noted, “... we cannot build a more thriving society by using an urgent care model.”

Admiral Levine is also co-chairing the HHS Health Disparities Council, the coordinating and advisory body on health equity for underserved and marginalized populations.⁷ “We have to close gaps in support of human thriving by addressing socioeconomic disparities,” she said.

HHS has developed a Food Is Medicine initiative as part of its strategy to reduce nutrition-related chronic diseases and food insecurity and improve health and racial equity in the U.S. Along with diet-related research and programmatic efforts, HHS has sought insights from organizations like the Food Is Medicine Coalition (FIMC), a national nonprofit coalition committed to advancing nutrition and reducing healthcare costs through the delivery of medically tailored meals, nutrition counseling, and education to critically and chronically ill individuals. [Update: HHS held its first Food is Medicine Summit on January 31, 2024, in Washington, D.C., bringing together public and private stakeholders from across the country].^{8,9,10}

The Biden-Harris administration is also working to reform food packaging, institute voluntary salt and sugar reduction targets for the food industry, and expand Medicaid and Medicare access to obesity and nutrition counseling. The administration has already expanded USDA food and nutrition assistance benefits such as free school meals and Supplemental Nutrition Assistance Program (SNAP) benefits.¹



(L-R) Maria Welch, Geisinger; Allison Delaney, Stop & Shop; Jillian Griffith, Amazon Access; Dwight Schultheis, Instacart; Melanie Condon, Keurig Dr Pepper

CORPORATE PERSPECTIVES

2 | Cross-Sector Approaches to Advancing Health Equity

As national attention increasingly highlights our food insecurity and health equity challenges, organizations in industries such as healthcare, food retail, and food and grocery delivery are taking steps to improve the health of their clients through innovative services and a focus on the social drivers of health. These organizations can play a key role in helping clients and patients in lower-income communities access affordable, desirable, and nutritious food.

In introducing the four companies represented on the first panel, Nicolene Hengen, H2HC executive director, noted their innovative commitments to engaging in the health equity space. Instacart has pioneered access to online SNAP benefits; Stop & Shop focuses on cultural relevancy and pilots access to dietitians in its stores; Amazon Access works to advance convenience equity; and Geisinger takes a holistic, patient-centered approach to care.

Melanie Condon, senior director of corporate affairs and engagement at Keurig Dr Pepper, moderated the panel. “It’s been really exciting for me, and for Keurig Dr Pepper, to find ways we can have a positive impact on larger societal issues,” Condon said.



The Seven Vital Conditions for Health and Well-Being

The Federal Plan for Equitable Long-Term Recovery and Resilience (ELTRR) is based on the Seven Vital Conditions for Health and Well-Being as its guiding framework; these are the primary factors that individuals and communities require to advance health equity and reach their full potential.

The National Association of Community Health Centers, the Association of American Medical Colleges, and state and local governments in California, Delaware, Florida, West Virginia, and Wisconsin are using the vital conditions framework in their health improvement strategies.⁶



“At Geisinger, health equity is a core part of our culture. It’s embedded in our hiring and talent acquisition, it’s part of the work we do in communities, and it’s also embedded in our payor and provider networks. We ensure that it is a central part of all conversations and all solutions.”

Maria Welch, Innovations Program Manager, Geisinger

A More Holistic Model to Care

Geisinger Health System, a regional health care provider and insurer headquartered in Danville, Pennsylvania, prides itself on thinking outside the box. Maria Welch, innovations program manager at Geisinger, said, “It’s about building a network, because healthcare can’t do it on our own. We need to partner with local grocery stores, organizations, vendors, delivery services...” to make it “quick and easy” for individuals to access critical resources beyond medical treatment and pharmaceuticals. Geisinger recognizes that factors outside of clinical care, like the social drivers of health, directly impact the health of their patients and focuses on these factors to create more holistic models of care.¹¹

Geisinger’s Fresh Food Farmacy, a clinically based approach to addressing food insecurity for individuals with Type-2 diabetes, provides patients and their households with enough food to make 10 nutritious meals each week. The program includes clinical support for patients along with other wraparound services such as education and access to community resources. “We’ve been able to see clinical improvements not only in patients’ diabetes, but in other chronic conditions and levels of food insecurity as well,” Welch said.¹² Geisinger’s Fresh Food Farmacy has led to the adoption of broader ‘food as health’ policies that are part of Geisinger’s larger, system-wide approach to addressing health disparities.

A Client-Centered Approach: Affordability, Accessibility, and Approachability

Instacart Health, an initiative of Instacart (a grocery technology company in the U.S. and Canada), was launched in September 2022 in coordination with the White House Conference on Hunger, Nutrition, and Health. Instacart Health focuses on food as a critical component of health and the significant impact that private-sector companies can make in improving health outcomes. Dwight Schultheis, director of Instacart Health, said that Instacart now accepts online SNAP benefits in all 50 states and geographically covers 95 percent of the approximately 42 million families enrolled in SNAP. An online order and delivery service such as Instacart can provide healthy food for people without access to transportation or who live in areas with few or no convenient options for buying affordable and healthy foods.¹³

Expanding Geographical Access to Healthy Food



An approximate 23.5 million Americans live more than one mile from the nearest grocery store. As part of the Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health, the U.S. Department of Housing and Urban Development (HUD) has made a commitment to improve food access by incentivizing communities to convert vacant spaces into grocery stores, urban gardens, farmers’ markets, and food hubs. To support this goal, HUD provides both funding and technical assistance, develops case studies to highlight best practices and, with the USDA, supports the development of urban agriculture programs.¹



Dwight Schultheis, Instacart

“We have essentially three objectives. Firstly, is to increase nutrition security; secondly to inspire healthy choices; and lastly, to scale food as medicine programs in partnership with health plans and health systems.”

Dwight Schultheis, Director, Instacart Health

Schultheis explained that for digital platforms like Instacart to grow their customer base and advance their health equity goals, they need to focus on three key aspects of their business model: affordability, accessibility, and approachability. “For the typical family, the questions are: ‘Can I afford healthy food? Is it easy to get? And will we actually eat it?’” Approachability has been a primary focus for organizations in the nutrition security space as they work to support cultural relevancy. Instacart, for example, has focused on adding more culturally diverse grocery stores to their online marketplace. “One thing that differentiates Instacart from some other Food is Medicine programs is allowing patients and members the dignity of choice,” he said.

“Multicultural awareness is critical,” noted Allison Delaney, director of healthy living for Stop & Shop Supermarket Company, a chain of more than 400 stores in five northeastern states. Delaney explained that Stop & Shop has created a team dedicated to multicultural product assortment. Through pilot programs in the Dorchester neighborhood of Boston and The Bronx in New York City, both communities with high rates of food and nutrition insecurity and diet-related disease, Stop & Shop provides customers with daily access to dietitians from within the local community, which in turn has increased customers’ trust as well as healthy food selections.¹⁴

Approachability is also key when considering digital equity. Amazon Access, a new digital hub for programs, discounts, and features designed to make shopping on Amazon more accessible and affordable, recognizes the unique digital support needed for many senior-led households. Jillian Griffith, senior health partnerships manager at Amazon Access, described how its platform helps individuals streamline the management of their medications, for example.



Nivia Lisboa, Project Bread; Lyndsey Haight, Our Neighbors' Table; and Jillian Griffith, Amazon Access



Julia Hoteling, Victory Programs

“Many adults, including some seniors, have multiple prescriptions, so being able to condense managing these into a one-stop shop ... and to get prescriptions delivered to you [is important].” Amazon Access works to simplify the shopping experience and make the tool easily accessible regardless of an individual’s familiarity with technology.¹⁵

Amazon Access is “...working closely with marketing and merchandising to think about how we can leverage brand relationships and nudge consumers toward healthier and affordable options,” Griffith said. Amazon Access has also focused on building relationships with community-based organizations (CBOs) “...that have boots on the ground and really understand the needs we are trying to serve.” Working with CBOs has helped Amazon Access increase consumer awareness around its many cost savings initiatives, including the ability to use SNAP benefits online, the 50% discount on Amazon Prime available for those who receive federal benefits, and SNAP incentive programs that Amazon Access is piloting in Washington state and the city of Baltimore.^{16,17}

Lessons Learned

When Condon asked panelists about the challenges they face in their work to advance health equity, Griffith said that awareness continues to be a challenge for Amazon Access. When it first launched its platform for customers to use SNAP benefits online, consumer adoption was slower than expected. “It took a lot of learning and diving deep to understand the reasons behind lack of awareness,” Griffith explained. Once Amazon Access started to focus more specifically on community access programming, both awareness and use gradually began to increase.

Similarly, Geisinger also faces challenges that it addresses by working with community partners. Healthcare providers, like those at Geisinger, are often not aware of the services and resources a patient is accessing outside of the clinical setting, and there is no standardized system to track community resource use. “I would love it if there was an amazing connection between how somebody is getting treatment within healthcare and how they are using social support services in their own communities,” Welch stressed. As Geisinger works to more fully integrate into the communities they serve, these clinical-community connections are becoming stronger and leading to improved health outcomes for patients.

For Instacart Health and Stop & Shop, both Schultheis and Delaney expressed a need for more research, data, and technology support. Schultheis recognizes that Instacart Health has a lot to learn about its customers to help them overcome obstacles to access. “We’re doing a lot of research on low-income and nutrition-insecure customers to really understand how to remove obstacles to making a purchase and to getting healthy groceries delivered,” Schultheis said.

Stop & Shop has been working to accept additional forms of payment, such as produce prescription cards and other health benefits cards offered through community organizations. But as Delaney explained, “I think a lot of people don’t understand that in a retail environment, especially a large-scale retailer ... there is a complex IT infrastructure that is required to implement a lot of these emerging payment programs.”



“We are really grounded in ‘convenience equity’. We want to serve as a catalyst for reducing barriers for community members to access programs and resources that help them to lead healthier lives.”

Jillian Griffith, Senior Health Partnerships Manager, Amazon Access



“Our employees are also our customers. We are all consumers and users of these services.”

Melanie Condon, Senior Director of Corporate Affairs and Engagement, Keurig Dr Pepper

Employees as Clients and Making the Business Case

Prompted by a participant question, the panelists also expressed their organizational commitment to including their own employees in their health equity work. As a regionally based healthcare organization and health insurer, Geisinger recognizes that their employees are also their patients and focuses on offering livable wages to help move their employees toward better health. Instacart supports its shoppers with access to health and wellness benefits and discounts; Amazon uses internal teams to educate their employees on the array of cost-saving programs and services available to them; and Stop & Shop dietitians lead healthy food tastings specifically for staff to make them aware of healthy options available in the store.

Balancing equitable access to nutritious food while achieving a return on investment and meeting business goals remains a fundamental and universal challenge. Delaney noted that in all its stores, Stop & Shop experiments with showcasing products such as healthy beverages and smaller cans of soda. “If I had a magic wand, the nutrient-dense products would be the most profitable,” she said. “As a for-profit business, [the goal is] striking that balance between hitting healthy food sales targets and striving to be a profitable business in a small-margin industry.”

Instacart “...pushes different types of technologies into the store environment to help grocery stores eke out more margin,” Schultheis said. “We know it’s a very difficult business, and we want to see corner markets and smaller independents thrive.”



(L-R) Megan Curran, Columbia University Center on Poverty and Social Policy; Geeta Pradhan, Cambridge Community Foundation; and John Erwin, UMass Chan Medical School

“A lot of health equity issues are rooted in poverty. And the fundamental problem is that our system for supporting low-income families is completely broken.”

Geeta Pradhan, President, Cambridge Community Foundation



Summit participants and panelists

3 | Exploring the Role of Basic Income

An Innovative Approach to a Complex Challenge

Food insecurity, reliance on food banks and federal food assistance programs, and dramatic wealth inequality are all increasing in the U.S.

In 2022, the USDA reported that one in 8 households (an estimated 44.2 million Americans) experienced food insecurity or lack of access to an affordable, nutritious diet.¹⁷ In the same year, the Federal Reserve reported that the top 10% of U.S. households held two-thirds of total national wealth, and the top 1% held a full one-third. Meanwhile, the bottom 50% of households held less than 3% of the total national wealth. During the COVID-19 pandemic, as many families were struggling to make ends meet, the wealth held by just 745 billionaires in the U.S. increased by 70% or \$2.1 trillion (from nearly \$3 trillion to over \$5 trillion), the steepest increase of wealth on record.⁴²

Outdated federal poverty standards are compounding these challenges. Geeta Pradhan, president of the Cambridge Community Foundation (CCF), said federal poverty standards are “totally unrealistic” for what it costs to live in America. Basic income programs could be part of a national solution.



“We strive to make [our organization] as obsolete as possible. We are an aftermarket solution to root-cause issues that have never been fully addressed because of systemic racism.”

Marybeth Campbell, Executive Director, Worcester Community Action Council

Pilots Advancing Economic Stability

Basic income programs have been in use for decades in countries including Kenya, Finland, Namibia, India, Spain, Brazil, and Canada. The U.S. has been slower to adopt the concept, but in 2019, the nation’s first citywide Guaranteed Basic Income (GBI) pilot was launched in Stockton, California, and 125 randomly selected residents were given monthly stipends of \$500 for two years. The results of this pilot showed that the GBI payments increased recipients’ physical and mental health, enabled them to find full-time employment, and alleviated financial scarcity and income volatility.¹⁹

Mayors for a Guaranteed Income, a national coalition, was launched in June 2020 to advance economic security by providing basic income. To date, 125 mayors from across the country have joined the movement by creating and supporting pilot programs in their respective communities.²¹

In Cambridge, Massachusetts, Recurring Income for Success + Empowerment (RISE) was launched as a pilot program in 2021; 130 single-parent households with children received \$500 in monthly payments for 18 months.²² Based on the pilot’s success, the City of Cambridge, in partnership with community leaders like Pradhan, launched Rise Up Cambridge, a \$22-million commitment to provide monthly cash payments to low-income households with children. All income-eligible households that applied to the program were accepted, making it the first non-lottery, direct-cash assistance program in the country.²³

Worcester, Massachusetts, is also experimenting with basic income programming. Marybeth Campbell, executive director of the Worcester Community Action Council (WCAC), has spearheaded a pilot to provide 52 low-income families with monthly payments over a span of two years. She wants to see a system with “...greater flexibility, fewer strings, no judgment...” and opportunities to link benefits with more flexible resources.²⁴

The Worcester pilot is managed by the WCAC Resiliency Center, which is focused on financial empowerment and resource navigation. Campbell describes the Center as a ‘one-stop shop’ for community resources, including fuel and housing assistance, job education, and public

UNDERSTANDING BASIC INCOME

Guaranteed vs. Universal

Guaranteed Basic Income (GBI) is a periodic cash payment from the government with no spending restrictions, targeted to a specific population, such as income-eligible individuals.

Universal Basic Income (UBI) is a periodic, unrestricted cash payment from the government to all members of a community regardless of income.²⁰



(L-R) Marybeth Campbell, Worcester Community Action Council; Beth Mattingly, The Federal Reserve Bank of Boston; Megan Curran, Columbia University Center on Poverty and Social Policy; Geeta Pradhan, Cambridge Community Foundation; and John Erwin, UMass Chan Medical School

benefit programs, and pairs this with individualized financial coaching to help community members “...achieve greater economic self-sufficiency at a much more rapid pace.”²⁵ Both the Cambridge and Worcester programs are temporarily funded with American Rescue Plan Act (ARPA) funds distributed by the federal government following the COVID-19 pandemic.²⁶

Reducing Stigma and Building Trust

While basic income programs have gained momentum in recent years, garnering support for the concept of unrestricted payments has been a particular challenge. “We give public subsidies to homeowners through mortgage interest deductions and real estate tax deductions,” Pradhan said. “We set up incentive programs to continue to build wealth through IRAs, employer-designated retirement programs, savers’ credits, all kinds of things. But when it comes to low-income people, we don’t trust them.” Beth Mattingly, assistant vice president of Community Development Research & Communications at the Federal Reserve Bank of Boston, seconded the notion of systemic inconsistencies.²⁷ Mattingly highlighted additional examples of universal government subsidies, such as social security and the public school system, and how, in contrast to basic income programs, we very rarely hear accusations of individuals “taking advantage” of these systems.

Megan Curran, director of policy at the Center on Poverty and Social Policy at Columbia University, studies how individuals use direct cash payments. “The number one way that they spend this money is on food.” Curran went on to explain that not only do families use this



“If we can just give people money and it improves both employment and health outcomes, that’s an efficient use of our dollars.”

Beth Mattingly, Assistant Vice President of Community Development Research & Communications, Federal Reserve Bank of Boston

income for food, they use it for healthier foods like fruits, vegetables, and meat, all luxuries that they cannot otherwise afford. “After that, it is housing, utilities, clothing, children’s education, childcare, paying down debt, and saving a bit of it.” Whether outcomes are measured through self-reported surveys or interviews, or through automated data collection, the results consistently show that this funding is used for critical basic needs.²⁸

Panel moderator, John Erwin, vice chancellor of government relations at UMass Chan Medical School, asked panelists about the issue of stigma and the importance of how payments are distributed. Mattingly explained that public benefits have typically been easy targets for stigmatization, e.g., the use of SNAP benefits in the grocery store checkout line or having to line up around the block at the benefits office. In contrast, direct cash payments mailed to households help reduce opportunities for public shame. Mattingly also advocates for basic income pilots that are truly universal, rather than income-based, because universal pilots help to normalize the practice. “When we do things that are universal, we can really take away that stigma and make it a floor that everyone has.”

Creating Equitable Access and Return on Investment

Mattingly also called out the problem known as the cliff effect: a pay raise that increases a household’s gross income just enough to suddenly make families ineligible for subsidized food, housing, healthcare, or childcare, and often leaving the family in a worse financial situation.²⁹ Both Mattingly and Curran used the child tax credit, monthly federal payments to households with children, as an example of a successful income distribution program that avoids the cliff effect. The child tax credit provides after-tax dollars that don’t factor into eligibility for most programs that count pre-tax dollars. “How the government formulates these benefits really matters for what it means in people’s lives,” Mattingly said.

Curran explained that the child tax credit was previously tied to a household’s tax return, so historically served middle income and higher income families with steady employment. “It was leaving out one of every two Black and Latino children, almost three-quarters of kids in single-parent households. It was leaving out kids in rural areas, urban areas, young kids, and kids in larger families.” Though expansions of the child tax credit during the pandemic alleviated some of these shortcomings and Curran described the program as a largely successful model of guaranteed basic income, she also recognized that it is not without issues. Programs that rely on participation in the tax system, whether employed or unemployed, still leave out certain vulnerable populations like undocumented individuals who are often paid ‘under the table’ and incarcerated individuals, who do not earn a minimum wage while working in prison.

How can stakeholders convince policymakers and critics to embrace basic income programs? Curran stressed the return on investment. “For every dollar that would be spent [on these programs], it would generate \$10 in broader societal benefits.” By providing households with regular, guaranteed income, all family members have a better shot at success, mostly notably children. This includes better physical and mental health and less strain on the healthcare system; lower likelihood of interaction with the criminal justice system; and better education outcomes, leading to higher paying jobs and thus more income tax funneled back into the system.



Anita McGahan, University of Toronto



(L-R) Julie Meyer, Eat Well Global; Katie Stebbins, Tufts Friedman School of Nutrition; and Diane Kolack, CDC Foundation

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



SPOTLIGHT

4 | The Centers for Medicare and Medicaid (CMS) Innovation Center

The Affordable Care Act (ACA), enacted in 2010, increased health insurance coverage for the uninsured and implemented reforms to the health insurance market. Under the ACA, the Centers for Medicare and Medicaid (CMS) created the CMS Innovation Center to design and test new models for delivering and paying for healthcare.³¹

In conversation with Nicolene Hengen, Sheila Hanley, senior advisor at the CMS Innovation Center, shared that the Innovation Center has special authority to waive certain regulations within the Medicare program to test new models. If data show that the innovations being piloted by CMS either improve quality while holding costs constant or reduce costs and contribute to more affordable care while maintaining quality, then those innovations can be added to the full Medicare program. “That’s important because any expansion of Medicare benefits would otherwise literally require an act of Congress,” Hanley explained.

Medicare Advantage (MA) plans, also known as **Medicare Part C**, are Medicare-approved plans offered by private insurers.³⁰

Focusing on Value-Based Care

One of the CMS Innovation Center’s largest test models is the Value-Based Insurance Design program (VBID). The goal of VBID is to decrease the cost of healthcare while increasing its effectiveness. VBID models of care are designed to financially incentivize patients to use “high value” services, those with significant positive health outcomes and low cost, rather than “low value” services, those where the cost of the service significantly outweighs the benefit. VBID models also incentivize providers to focus on quality outcomes rather than the quantity of services rendered.³²

Hanley pointed out that because food and nutrition services are some of the highest value services available, the number of food and nutrition benefits available in the VBID model has increased substantially. Other benefits included in the VBID model include transportation services and housing supports. Hanley emphasized the important role that data collection plays in proving that these models help to advance health equity. “Ultimately, we want to understand the impact of these benefits on health outcomes and their ability to reduce health disparities.”

Hanley shared that the CMS Innovation Center now has data definitively showing that the VBID model has been successful in several ways. It is serving a larger proportion of historically underserved populations than in the Medicare Advantage program as a whole or the fee-for-service program, the more traditional model. The VBID model also allows plans to reduce or eliminate prescription drug copays, which has led to improvements in medication adherence. “We’re very excited about those data because it really validates the theory that when you reduce economic barriers to access, you’re going to see improvements in quality.”



“We need to understand that by sharing our resources and communicating, we can build sustainable solutions.”

Sheila Hanley, Senior Advisor, Centers for Medicare and Medicaid (CMS) Innovation Center



(L-R) Jillian Griffith, Amazon Access; Maura O’Brien, Ahold Delhaize USA; Allison Delaney, Stop & Shop; Melanie Condon, Keurig Dr Pepper; and Karen Mitchell, Stop & Shop

Because of its success in reducing health disparities and increasing quality of care, the Medicare Advantage (MA) VBID model will be extended through 2030.³¹ CMS will be introducing changes to more fully address the health-related social needs of patients, advance health equity, and improve care coordination for patients with serious illness. For example, CMS will require participating Medicare Advantage plans to address two of three priority social risk factors: food and nutrition, housing supports, and/or transportation.³³ “This requirement is not only going to expand the reach of those benefits to Medicare beneficiaries, but it’s also going to give us a scale that will allow us to have better data and hopefully expand our ability to demonstrate improvements in outcomes,” Hanley said.

Summit participants inquired about what strategies CMS uses to increase enrollment in federal nutrition benefits programs. In response, Hanley shared that CMS models always take federal nutrition benefits into account, and that VBID food benefits are being distributed monthly at a time when patients often run out of SNAP benefits for the month, filling in a regular gap in food access.

Hanley shared that the Center is also beginning to integrate lived experience more fully into its design models. Special Needs Plans, for example, are now required to create advisory committees made up of individuals from within the community.³⁴ The Center also recently announced the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model, which will allow CMS to collaborate with states to lower healthcare costs, improve population health, and advance health equity. Hanley pointed out that the model will focus on better connecting patients with community resources.³⁵



(L-R) Shannon Huneke, Accenture; and Nicolene Hengen, H2HC

“To address the issues related to health equity, we look at not only the barriers, but also at the opportunities and where there could be an opportunity to bring strong synergies from both the private as well as the public sector standpoints.”

Shannon Huneke, Health Equity and Retail Convergence Leader, Accenture

SPOTLIGHT

5 | University of Notre Dame Health Equity Data Lab

In early 2023, Accenture, a global professional services company, embarked on a three-year partnership with the University of Notre Dame’s Lucy Family Institute for Data and Society to create the Health Equity Data Lab (HEDL). The primary goal of the HEDL is “...to advance interdisciplinary research and translation in the fields of health equity, data science, and AI.” The lab also plans to develop a comprehensive framework for successful collaboration and innovation focused on the intersection of medical and social care.^{36,37} Together, leaders from Accenture and the Lucy Family Institute are developing a more holistic approach to addressing disparities in health tied to socioeconomic status.

Shannon Huneke, health equity and retail convergence leader for Accenture, spoke with Nicolene Hengen, H2HC executive director, about this academic-corporate partnership. Huneke described the four primary pillars of HEDL’s work:

- **Focusing on the future of the health workforce and the declining rate of healthcare workforce participation.** Huneke said that Accenture is addressing challenges like “...how existing biases are applied within data and trying to understand where technology, AI, or even machine learning can be applied to call out these biases and ways that we could look for opportunities to build upon that.”
- **Looking “beyond human resources”** to make a more impactful difference in the health and well-being of communities.
- **Developing precision social determinants of health** by focusing on the metrics and efficacy of social health factors.
- **Developing a health equity index.** “There is no established universal health equity index in this country,” Huneke said. “Notre Dame is looking to develop the first.”



(L-R) Gordon Reid, Stop & Shop, and Catherine D’Amato, The Greater Boston Food Bank



“With increasingly convergent national food and health challenges, the need for successful, upstream models and solutions is clear. H2HC seeks to identify and elevate programs that reach across established disciplines to catalyze new collaborations and pathways that address food and nutrition challenges and advance health equity.”

Nicolene Hengen,
Executive Director, H2HC

Converting Data into Action

One of the Health Equity Data Lab’s first projects is focusing on local maternal mortality. Indiana’s maternity mortality ranks third highest in the U.S., and the overwhelming majority (79 percent) of these deaths are considered preventable.³⁸ A pilot program in South Bend, Indiana, bundling clinical and nutrition interventions seeks to reverse this maternal health crisis. Huneke described the unique involvement of health insurance organizations in this work. “What’s exciting about this is that for the first time in my recollection, we actually have a payor who is understanding the importance of this epidemic in our country as it relates to Black maternal death and who is willing to put a reimbursement model behind nutritional interventions.”

A consortium of public and private sector organizations including Fortune 500 companies, large nonprofits such as the United Way, small nonprofits within the South Bend area, and universities are working together in a hands-on setting to find ways to integrate data on social drivers including food and nutrition insecurity, transportation needs, and childcare, among others.³⁹ Accenture, Huneke noted, is “...aggregating the data and applying it in a way that can demonstrate the efficacy and the investment behind the dollars spent around health equity.”

“When the CEOs go back to their boards and say, ‘We spent X amount of dollars and invested this amount of money within these communities,’ we can point back to that health equity index and show that we actually have measurable outputs.”

6 | The H2HC Prizes For Innovation

H2HC launched its inaugural Prizes for Innovation in 2023 with a commitment of one million dollars over five years. The Prizes identify and highlight creative work to address food and nutrition inequities and advance health equity in communities throughout the U.S. H2HC received 72 nominations from 22 states in response to its inaugural call for nominations. The first two recipients of H2HC’s \$100,000 prizes, Alameda County Recipe4Health and DC Central Kitchen, represent systemic efforts in the food and nutrition space to advance health equity in their communities.³



Alameda County Recipe4Health is a nationally recognized, award-winning model that integrates 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.

Update: The White House recognized H2HC’s Prizes for Innovation, along with the work of 140 other organizations, in support of the National Strategy on Hunger, Nutrition, and Health in a national event on February 27, 2024.



H2HC 2023 Prizes for Innovation Recipients (L-R) Beverley Wheeler and Ja’Sent Brown, DC Central Kitchen; Dr. Steven Chen and Corey Brown, Alameda County Recipe4Health

“We want to have a no-wrong-door policy, treat all patients with a health equity approach, and offer Recipe4Health to all of our providers and patients. So thank you for the opportunity, recognition, and resources to help us sustain and grow this work, and for the community that’s forming here to do this work cross sectorally.”

Steven Chen, MD, Chief Medical Officer, Alameda County Recipe4Health

“Food is a powerful tool for unlocking the potential of our communities. This powerful investment from the Hunger to Health Collaboratory will allow DC Central Kitchen to ... engage in mutual learning with hundreds of mission-aligned partners and work to scale the power of nonprofits and social enterprises like us to create lasting change at the intersection of food, health, and economic inclusion.”

Ja’Sent Brown, Chief Impact Officer, DC Central Kitchen

The Recipe4Health models uses three ‘ingredients’: A ‘Food Pharmacy’ through which patients receive weekly produce prescription deliveries of local, seasonal produce sourced through a BIPOC-led, regenerative and organic farm; a ‘Behavioral Pharmacy’ through which patients receive group and individual health coaching focused on movement, nutrition education, stress reduction, and social connection to help them sustain healthy habits; and Food as Medicine infrastructure training that includes nutrition education for staff and supports the integrated use of electronic health records to successfully implement the model.⁴⁰

As the nation’s first and leading community kitchen, **DC Central Kitchen** (DCKK), has taken on the root causes of hunger and poverty in Washington, DC, for nearly 35 years. DCKK is an iconic nonprofit and social enterprise that combats hunger and poverty through job training and job creation. “We have always known that we will never feed our way out of hunger, and that food alone will never be the solution,” said Ja’Sent Brown, chief impact officer for DCKK.



The organization provides hands-on culinary job training for individuals facing high barriers to employment while creating living wage jobs to overcome systemic barriers, break generational cycles, and achieve lasting health and financial security. They also play a critical role in their local food system by bringing nutritious, dignified food to where it is needed most, including public schools, neighborhood corner stores, and food-insecure communities throughout the city.⁴¹



(L-R) Richard MacMillan and Samantha Smith, Hunger to Health Collaboratory



(L-R) Paula Buick, Walsh Brothers, and Caroline Flor, The Greater Boston Food Bank



Dr. Priscilla Wang, Mass General Brigham

7 | Conclusion

At the H2HC Fall 2023 Summit, a diverse group of stakeholders came together to discuss ways to address nutrition and health inequities from both public and private perspectives at the national, regional, and local levels. Whether through federal action, corporate innovation, pilots advancing economic stability, or using data to improve health and well-being, the Summit demonstrated how we all have a role to play in advancing health equity. Speakers outlined how societal impact can be maximized by working collaboratively toward enduring solutions and outlined some themes and insights, summarized below, to move our collective work forward.

Themes and Insights



Building a healthy society requires shifting our healthcare focus from treatment of disease to holistic wellness.



Prioritizing health equity and social drivers of health is key to holistically addressing disparities in healthcare.



Shifting families toward economic self-sufficiency and alleviating income volatility requires a holistic, long-term approach.



Providing choice, eradicating stigma, and increasing trust in communities can help to improve nutrition and health outcomes.



Sharing resources and breaking down silos can lead to sustainable and scalable solutions.



Building nontraditional partnerships between healthcare, community organizations, the federal government, and the private sector leads to increased capacity and broadened reach.



Building a narrative around potential cost savings is critical to advancing and expanding health equity initiatives.



Taking full advantage of the opportunity for federal waiver-based experimentation can provide important evidence for expanding creative approaches to social health challenges.

HUNGER TO HEALTH COLLABORATORY (H2HC)

8 | Connecting Thought Leaders

MISSION STATEMENT



The Hunger to Health Collaboratory (H2HC) catalyzes integrated solutions to food, nutrition, and health inequities by **engaging**

cross-sector leaders, uplifting innovative models, and educating stakeholders, all through a focus on the social drivers of health.

LEADERSHIP COUNCIL



FALL 2023 SUMMIT SPEAKERS

Ja'Sent Brown, Chief Impact Officer, DC Central Kitchen

Marybeth Campbell, Executive Director, Worcester Community Action Council

Steven Chen, MD, Chief Medical Officer, Alameda County Recipe4Health

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

Megan Curran, Director of Policy, Center on Poverty and Social Policy, Columbia University

Catherine D'Amato, President and CEO, The Greater Boston Food Bank

Allison Delaney, Director of Healthy Living, Stop & Shop

John Erwin, Vice Chancellor for Government Relations, UMass Chan Medical School

Jillian Griffith, Senior Health Partnerships Manager, Amazon Access

Sheila Hanley, Senior Advisor, Centers for Medicare and Medicaid (CMS) Innovation Center

Nicolene Hengen, Executive Director, Hunger to Health Collaboratory

Shannon P. Huneke, Health Equity and Retail Convergence Leader, Accenture

Admiral Rachel Levine, MD, Assistant Secretary for Health, U.S. Department of Health and Human Services

Beth Mattingly, Assistant Vice President, Community Development Research & Communications, Federal Reserve Bank of Boston

Geeta Pradhan, President, Cambridge Community Foundation

Gordon Reid, President, Stop & Shop

Dwight Schultheis, Director, Instacart Health

Maria Welch, Innovations Program Manager, Geisinger

H2HC ACCOMPLISHMENTS

\$1M
PRIZES FOR INNOVATION



committed to highlight promising, upstream approaches to food and nutrition challenges that significantly advance health equity

11
CONVENINGS



with **1000+** cross-sector thought leaders

3
EVENT REPORTS



summarizing shared thoughts, insights, and recommendations

\$1.2M
GRANTS



to support innovative, community-based models and research studies

19
PROJECTS



funded for community-based organizations in CT, MA, and RI

9
RESEARCH REPORTS



funded, focusing on food access and health equity

ENDNOTES

All recordings from the H2HC Fall 2023 Summit are available on H2HC's YouTube channel at bit.ly/H2HCSummit23.

¹ Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health: bit.ly/3tlgggL

² White House Challenge to End Hunger and Build Healthy Communities: bit.ly/3Si03HB

³ H2HC Prizes for Innovation: h2hcollaboratory.org/what-we-do/innovation-prizes

⁴ HHS Region 1 (New England): bit.ly/47TCUB2

⁵ HHS Equitable Long-Term Recovery and Resilience (People & Places Thriving Approach): bit.ly/ELTRR

⁶ Seven Vital Conditions for Health and Well-being: communitycommons.org/collections/Seven-Vital-Conditions-for-Health-and-Well-Being

⁷ HHS Health Disparities Council: hhs.gov/equity

⁸ HHS Food is Medicine Summit: bit.ly/4885OgT

⁹ HHS Food is Medicine Approach: health.gov/our-work/nutrition-physical-activity/food-medicine

¹⁰ Food is Medicine Coalition: fimcoalition.org

¹¹ Geisinger Health System: geisinger.org

¹² Geisinger Fresh Food Farmacy: geisinger.org/freshfoodfarmacy

¹³ Instacart Health: instacart.com/company/health

¹⁴ Stop & Shop Health and Wellness: stopandshop.com/pages/health-and-wellness

¹⁵ Amazon Access: bit.ly/47UaOFG

¹⁶ New collaboration: WA DOH and Amazon brings SNAP Produce Match to more households: bit.ly/48P1BB1

¹⁷ USDA Invests \$25 Million to Expand Healthy Incentives in SNAP: bit.ly/48Uf4Xe

¹⁸ USDA Survey of Household Food Security in the United States in 2022: h2hcollaboratory.org/resources/2186

¹⁹ Health Promotion International – How, why and for whom does a basic income contribute to health and wellbeing: a systematic review: bit.ly/3UpbW1j

²⁰ Stanford Basic Income Lab: basicincome.stanford.edu/about/what-is-ubi

²¹ Mayors for a Guaranteed Income: mayorsforagi.org

²² Cambridge RISE: cambridgerise.org

²³ Rise Up Cambridge: cambridgema.gov/riseup

²⁴ WCAC Guaranteed Basic Income pilot: wcac.net/financial-empowerment/universal-basic-income-pilot

²⁵ WCAC Resiliency Center: wcac.net/financial-empowerment

²⁶ Massachusetts ARPA Funding: mass.gov/guides/american-rescue-plan-act-arpa-resources

²⁷ Federal Reserve Bank of Boston – Community Development: bostonfed.org/community-development.aspx

²⁸ Center on Poverty and Social Policy at Columbia University: povertycenter.columbia.edu

²⁹ What is the cliff effect? bit.ly/49azU4d

³⁰ Understanding Medicare Advantage Plans: bit.ly/47TVrx6

³¹ About the CMS Innovation Center: cms.gov/priorities/innovation/about

³² CMS Value-Based Insurance Design model: cms.gov/priorities/innovation/innovation-models/vbid

³³ HHS – Addressing Health-Related Social Needs in Communities Across the Nation: bit.ly/3uc1QpH

³⁴ 5 Reasons D-SNP Advisory Committees are Good for Health Insurers: <http://bit.ly/3HDtIGj>

³⁵ CMS – States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model: cms.gov/priorities/innovation/innovation-models/ahead

³⁶ Notre Dame partners with Accenture to grow health equity data and analytics to improve health care for vulnerable populations: bit.ly/47U2kyn

³⁷ Health Equity Data Lab (HEDL) at The University of Notre Dame: bit.ly/42gcl84

³⁸ Indiana University – Indiana Maternal Mortality brief: policyinstitute.iu.edu/doc/maternal-mortality-brief.pdf

³⁹ HEDL Forum: bit.ly/3SIUojE

⁴⁰ Alameda County Recipe4Health: recipe4health.acgov.org

⁴¹ DC Central Kitchen: dcentralkitchen.org

⁴² The Federal Reserve - Distribution of Household Wealth in the U.S. since 1989: bit.ly/3Ti0Etc



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