Health Care Without Harm
the campaign for environmentally responsible health care

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July 15, 2022

Ambassador Susan Rice
Assistant to the President for Domestic Policy
Room 469, Eisenhower Executive Office Building
Washington, DC 20502

Re: Recommendations for the White House Conference on Hunger, Nutrition, and Health

Dear Ambassador Rice,

On behalf of Health Care Without Harm, with our health care member network of over 1,400 hospitals across the country, we applaud the Biden-Harris Administration's commitment to end hunger and to increase healthy eating and physical activity by 2030, including the convening of the White House Conference on Food, Nutrition, Hunger and Health in September 2022. At the conference, the Administration will introduce a strategy to transform the food and physical activity environments in the United States, which will serve as a roadmap to end hunger, improve nutrition and physical activity, and eliminate disparities.

The first White House Conference on Food, Nutrition and Health in 1969 was a pivotal event that influenced the country's food policy agenda for the next 50 years, including the creation and expansion of critical nutrition and anti-hunger safety net programs: the Supplemental Nutrition Assistance Program (SNAP); the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); and the National School Breakfast and Lunch Programs (school meals).

While we continue to benefit from these landmark federal policy and programmatic actions implemented over 50 years ago, the conference in September could not come at a more urgent moment as our country is facing a multitude of compounding concerns around addressing the growing issues of hunger, food insecurity, and nutrition given the pandemic, increasing economic inequity, and the persistence of systemic racism. COVID-19 laid bare the fragile nature of our food system and food value chains, and preventable diet-related diseases such as heart disease and diabetes continue to be leading causes of death and disability. Some sobering statistics regarding diet-related diseases and how food insecurity is impacting our nation's health, published in the Washington Post, November 30, 2021:

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- More than 100 million Americans — nearly half of all adults — suffer from diabetes or prediabetes.
- About 122 million Americans have cardiovascular disease, which kills roughly 840,000 people each year.
- More Americans are sick or suffer from major medical conditions than are healthy, and much of this is related to diet-related illness.
- If you are a Black person, those numbers mean you probably will have an even worse outcome. 49.6 percent of Black adults are considered overweight if not obese. Black people are also 60 percent more likely to be diagnosed with diabetes than White people.
- Americans who suffer from diet-related conditions such as heart disease, diabetes, cancer, and obesity are 12 times as likely to die after a COVID infection.
- And in 2020, the year COVID-19 hit the United States, Blacks were disproportionately impacted by the virus, many due to those same underlying diseases of obesity and diabetes. In total, Black people experienced a 2.9 year decrease in life expectancy, causing the Black-White life expectancy gap to widen from 3.6 to 5 years. In a single year.

The health care sector, with healing as its primary mission, understands all too well the skyrocketing costs of treating the health impacts of chronic, diet-related diseases, which are currently estimated to account for 85% of health care costs: cardiovascular disease - $316 billion; diabetes - $327 billion; and all obesity related conditions - $1.72 trillion. Increases in the rates of these diseases are simply not sustainable over time. When addressing issues such as food insecurity and hunger, we cannot settle on solving for acute, short term health impacts alone. **We must devise long term solutions for these long term and entrenched challenges that require equitable investment and attention. Our collective environmental and economic health need to be prioritized, with regenerative systems that are protective of our ecological health and natural resources, and substantial investment in fair labor practices and living wage mandates.** The co-benefits of addressing food insecurity and hunger from a lens of equity and resilience include strong regional food economies, healthier production practices and conservation of our natural resources, a diverse food supply chain of producers, processors, and community-owned food businesses, and wage structures that reflect the "true cost of food" and the value contributed by food service workers.

As the development of the roadmap and planning for the upcoming White House Conference is underway, Health Care Without Harm and our health care partners respectfully submit the following recommendations that will serve to address the persistent issues of food insecurity and hunger in our country through fostering equitable, systemic, and lasting change towards a healthier food system

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overall. **These recommendations focus on addressing three of the five pillars of the food strategy that the Administration will be drafting for the conference: 1) Improve food access and affordability, 2) Integrate nutrition and health, and 3) Empower all consumers to make and have access to healthy food choices**

RECOMMENDATIONS

1. ***Recommend that CMS address food insecurity and improve community food access and resilience by supporting medically tailored nutrition interventions, including medically tailored meals, produce prescription programs, and others:***
    a. *Include medically tailored nutrition as a covered/reimbursable service and expense;*
    b. *Include sustainable, local, and equitable (from women, minority and veteran owned businesses) food sourcing, and food waste reduction, recovery and management in Conditions for Coverage (CfCs) and Conditions of Participations (CoPs).*
    c. *Establish for these programs both nutritional and purchasing criteria that prioritize sourcing of local, sustainable, and equitably produced and processed foods (consider leveraging the Food Services Guidelines for Federal Facilities);*
    d. *Establish accountability measures for these programs to regularly track and report progress towards increased community access to healthy foods, decreased rates of food insecurity, and increased diversity of suppliers / vendors in the food supply chain;*
    e. *Incentivize (through increased reimbursements / meal budgets) these programs to source foods that are locally, sustainably, and equitably grown and produced (i.e. purchasing medically tailored meals prepared locally with locally-sourced ingredients).*

2. ***Issue an Executive Order to require use of the Food Service Guidelines for Federal Facilities (FSG) in all federally owned and operated facilities for both foods sold and served.***
    a. *Background:*
        i. *The FSG are evidence-based, currently voluntary best practices to align food service in federal facilities with the Dietary Guidelines for Americans and advance food safety, facility efficiency, environmental support, and community development.*[1]

[1] The original *Health and Sustainability Guidelines for Federal Concessions and Vending Operations* were developed by the Department of Health and Human Services and the General Services Administration and published in 2011. In 2017, a working group with representatives from nine federal agencies updated the guidelines, at which point they were renamed the *Food Service Guidelines for Federal Facilities.*

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ii. *The FSG are a critical tool to leverage government purchasing power and operations to improve health outcomes and reduce long-term health care costs for the millions of people who rely on federal food service operations, including federal employees, veterans in Veterans Affairs hospitals, members of the armed services, and people who are incarcerated in federal prisons.*[2]

iii. *Robust implementation would be an unmistakable signal to all that the federal government is willing to "walk the walk" when it comes to nutrition and other goals; ideally this would spur state and local governments and the private sector to adopt similar policies.*

b. *Establish accountability measures to track and report progress of implementation of guidance.*

c. *Create a timeline and process for establishing comprehensive, values-driven food procurement standards for federal agencies, whether as part of the FSG or another mechanism. This standard should align federal food purchasing around the following value categories: local economies, environmental justice, nutrition and health, racial equity, worker justice, animal welfare, and transparency in supply chain data.*

d. *Incentivize (through increased budget/cost allowances for qualifying purchases) these programs to source foods that are locally, sustainably and equitably grown and produced.*

3. ***Include food insecurity as a quality measure in the major federal healthcare programs (Medicare and Medicaid) via a universal set of Social Determinants of Health (SDOH) as a crucial screening prerequisite for CMS, states, or commercial payers to pay for access to healthy food, not as a pilot or initiative, but as a <u>standard health benefit.</u>***

a. *Background:*

i. *Despite the growing focus on SDOH – and a pandemic that has exacerbated and made vivid their disproportionate impact on communities of color – <u>there are currently no standard food insecurity or other SDOH measures in any of the federal programs that determine how insurers and healthcare providers get paid.</u>*

[2] Abrahams-Gessel S, et al. Implementing federal food service guidelines in federal and private worksite cafeterias in the United States leads to improved health outcomes and is cost saving. *J Public Health Pol* (2022). https://doi.org/10.1057/s41271-022-00344-y.

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ii. *The absence of standard SDOH data or measures impedes efforts to achieve racial equity in health outcomes, given their disproportionate and profound impact on people and communities of color, especially in COVID's wake.*

b. *Promote the inclusion of more comprehensive educational requirements for medical school and clinician education around health impacts associated with our food system, nutrition, and diet-related diseases.*

c. *Implement SDOH screening and screening positive rate processes into the Hospital Inpatient Quality Reporting Program (HIQRP), and include screening for all five SDOH domains: food insecurity, housing instability, utilities difficulties, transportation needs, and interpersonal safety. All five of these factors are interconnected and have a profound impact on health outcomes and disparities.*

d. *"Z codes" are a type of diagnosis code. Some Z codes are related to social determinants of health (SDOH), including Z59.4 (lack of adequate food) and Z59.41 (food insecurity). Currently, healthcare providers are not required or incentivized to use SDOH Z codes, resulting in underreporting of food insecurity and other drivers of health among patients. By requiring providers to report SDOH Z codes, CMS would begin to lay the foundation for payment for relevant resources (ex. produce prescriptions). We recommend that CMS* ***require*** *a subset of SDOH Z codes that:*

i. *align with the five core domains from the proposed SDOH measures – food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety – which are linked to adverse health outcomes and increased utilization; and*

ii. *are specific and actionable (e.g., Z59.4 - lack of adequate food and Z59.41 - food insecurity).*

4. ***Following through on the Call to Action initiated by the federal EPA and the USDA, institute federal legislation that requires all federally owned and operated facilities to commit to reducing food loss and waste in their U.S. operations by 50 percent by the year 2030.***

a. *Seek prevention strategies and use the principles outlined in the Food Recovery Hierarchy to maximize economic gains while increasing social and environmental benefits.*

b. *Increase public awareness of the scale of the food waste problem along with the environmental, social, and economic benefits of reducing wasted food.*

c. *Coordinate the data across federal facilities' contributions to food loss and waste and their associated reduction programs.*

d. *Forge new public / private partnerships and expand existing ones to divert excess food to new and/or secondary markets and/or recover food waste that has historically been destined for disposal. When organizations collaborate, they are able to share existing*

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infrastructures, resources and expertise, which could help them efficiently restructure food management towards a more sustainable operation.

e. *Build food loss and waste Infrastructures across the country, region by region, to establish or expand new recovery and/or diversion operations and promote development of new technologies and innovation for food waste recovery, thereby increasing opportunities for community wealth-building. By supporting transportation and processing of excess food, communities can capitalize on the economic opportunities of a sustainable food management system while reducing the cost and environmental burdens associated with landfilling food waste.*

We understand that in order to effectively address hunger, nutrition, and diet-related diseases in our country, we must build a stronger, healthier, and more equitable food system overall, a system that provides increased and secure access to healthy foods, and serves to increase community health and wealth across our regions. Upstream investment into preventing diet-related diseases and hunger in the first place to build a healthy food system must be a priority. Health Care Without Harm and our health care partners across the country stand ready to bring this concept into reality.

With gratitude,

Gary Cohen

Gary Cohen

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