

April 26, 2021

Representative James P. McGovern
Chairman, The Committee on Rules
U.S. House of Representatives
H-312 The Capitol
Washington, DC 20515

Re: Rules Committee Hearing Examining the Hunger Crisis in America

Chairman McGovern:

Thank you for your work on food insecurity in the United States and for holding a Rules Committee Hearing on the hunger crisis in this country. We appreciate your leadership in this area and look forward to working with you on policy initiatives to help patients in Northern New England and across the country.

Dartmouth-Hitchcock Health (D-HH) is one of the most rurally-located academic medical centers in the country. We recognize that food security and dietary quality are key factors driving health outcomes among children and adults in both rural and urban settings. The rate of food insecurity in our region has nearly doubled since the onset of the COVID-19 pandemic, bringing healthy food access to the forefront for our rural communities. Even before the pandemic, food insecurity affected rural communities at higher rates compared to urban areas across the country.¹

D-HH is New Hampshire's only academic health system, committed to providing all of our patients with high quality care. We serve a regional population base of 1.9 million people in New Hampshire, Vermont and across New England, providing access to more than 1,400 primary care doctors and specialists in almost every area of medicine. The health system includes Mary Hitchcock Memorial Hospital, our flagship hospital in Lebanon and part of Dartmouth-Hitchcock Medical Center, as well as member hospitals in Lebanon, Keene, New London and Windsor, Vermont. Mary Hitchcock Memorial Hospital is classified as both a Rural Referral Center and Sole Community Hospital and three of our member hospitals are rurally-designated critical access hospitals.

In addition to our member hospitals, the health system includes the Norris Cotton Cancer Center, one of 51 NCI-designated comprehensive cancer centers in the country, the Children's Hospital at Dartmouth-Hitchcock, the Visiting Nurse and Hospice Association for Vermont and New Hampshire, and 24 ambulatory clinics throughout New Hampshire and Vermont. Dartmouth-Hitchcock trains nearly 400 residents and fellows each year and performs world class medical research in partnership with the Geisel School of Medicine at Dartmouth. D-HH is the largest private employer in New Hampshire with over 13,000 affiliated employees throughout the region.

¹ USDA, Household Food Security in the United States, 2019 ; Internal D-HH data, 2021.

Recognizing the importance of food and nutrition for the health of our communities, even before COVID-19 underscored this need, we began implementing a **Food is Medicine strategy**. Our Food is Medicine approach is centered on identifying food insecurity, referring patients to nutrition supports, and hosting healthy food provision and nutrition services. We have implemented several new services to help address food and nutrition needs, narrowing an important gap in health care prevention and treatment.

As a key first step, we are implementing a **standard screening tool** in our primary care clinics to systematically screen for social determinants of health, including food security, building on past experience with patient assessments. With the support of strong community partnerships, we have six **Food is Medicine** programs currently offered with additional services under development:

1. We provide **emergency shelf stable food bags** to food insecure patients in our clinics. This program served approximately 1,000 individuals with 600 food bags in its first year and continues to grow. This program is offered in partnership with a local food pantry, the Upper Valley Haven, and serves patients in pediatrics, adult primary care, the emergency department, and obstetrics and gynecology.
2. We provide fresh, **organic farm shares for pregnant women at risk for substance use** on a weekly basis during the growing season. This program, supported by the Dartmouth College Organic Farm, is now in its third year and reaches about 15 women at risk each week. Farm shares provide a valuable source of free, nutritious food during a period of high nutritional demand, supporting women's wellbeing during the prenatal period.
3. We are currently piloting **healthy food prescriptions for pediatric patients** and their families. Patients who screen positive for food insecurity or are otherwise identified by their care team as having a need are referred to the Community Health Worker in the Children's Hospital at Dartmouth-Hitchcock. The patient's family receives a food prescription for a selection of healthy foods, including ample fresh produce, tailored to the household's dietary needs. Food prescriptions are packaged and provided by the Upper Valley Haven, where families are also connected to additional resources. This pilot program provides transportation support to help overcome a crucial barrier to food access for rural families.
4. We established a **Farmacy Garden** on our medical center campus in partnership with Willing Hands, a local food recovery and distribution organization. Our Farmacy Garden includes a 6,000 square foot garden and an orchard of 50 fruit trees and shrubs. The Farmacy grew over 500 pounds of produce during its second growing season in 2020. Over 200 volunteers contributed approximately 400 hours at the Farmacy in its first two years. Now in its third season, the Farmacy provides an opportunity for physical activity, a way to connect with the food system, and a respite from the clinic for garden volunteers, many of whom are D-HH employees. Produce grown in the garden supports Willing Hands' distribution network, supporting access to fresh fruits and vegetables for over 60 nonprofit organizations serving the region's food insecure populations.
5. We have a **Culinary Medicine** program that is on the cutting edge of service delivery and research. Directed by Dr. Auden McClure, the Culinary Medicine program designs and offers cooking classes that teach basic skills and nutrition education to enable long lasting dietary change. During the pandemic, we offered several courses and cooking demonstrations virtually. Part of a national teaching kitchen collaborative, research is integrated into culinary programs to contribute to the evidence base for teaching kitchens as a nutrition and health intervention.

6. Finally, in 2019 we conducted a pilot of a **rural Medically Tailored Meals** program for patients with congestive heart failure. Evidence from MTM programs, primarily from urban areas, shows promising results for reducing health care utilization and improving health outcomes. Our rural population faces unique challenges in food access and service delivery. We partnered with a local senior center and the existing meals on wheels service to create and deliver meals to patients. This small pilot demonstrated that MTM was both feasible and acceptable, and that sustainable funding models are needed to support these programs in rural areas.

These efforts represent a starting point to address food insecurity and nutrition in our region. Our population faces a high risk of food insecurity with limited transportation options to access food and nutrition supports. We are committed to improving health and wellbeing in our communities and aim to continue integrating Food is Medicine approaches into patient care and treatment. We look forward to working with you to help develop impactful, sustainable strategies toward ending hunger in America.

Sincerely,



Chelsey Canavan
Community Health Team



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