

Testimony, as prepared by Barbara J. Petee, Executive Director, The Root Cause Coalition and Chief Government Relations and Advocacy Officer, ProMedica

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Good afternoon Chairman McGovern, ranking Member Cole, and Members of the Committee. My name is Barbara Petee and I serve as both the Executive Director of The Root Cause Coalition and the Chief Advocacy and Government Relations Officer for ProMedica; a health and well-being organization based in northwest Ohio, with a national footprint in senior care and healthy aging, as well work that spans the nation in addressing basic needs that, when lacking, contribute to poor health; commonly referred to as the social determinants.

Six years ago, The Root Cause Coalition was founded by ProMedica and the AARP Foundation to address the social determinants of health – such as nutrition and housing insecurity, isolation and economic hardships - by working with cross sector organizations from around the nation. Today we are nearly 100 member organizations strong, representing healthcare, insurance, business, education, faith communities, social services, local government, foundations, food banks and food assistance organizations; large and small. We come from different backgrounds but share a common goal – to achieve health equity for all. In fact, it isn't just a common goal – it is our mission. And as we all know now, now more than ever, these issues are staring us straight in the eyes.

It is a pleasure and distinct honor to be with you today to discuss one of the Coalition's central principles: that *hunger* is indeed a health issue, and that nutrition insecurity has deep implications for our individual and public health. It goes without saying that these insecurities broadly contribute to any host of diet-related chronic conditions and skyrocketing healthcare costs. As such, recognizing and acknowledging the vital framework that *Food Is Medicine* plays in combatting these inequities is critical to achieving our common goal.

COVID-19 has underscored and laid bare that our playing field isn't level. The marginalized and those who struggle daily to make ends meet – many of whom we've come to know as essential or frontline workers – remain in the margins because the way in which we address these issues has been through a patchwork of programs.

To be sure, many organizations – hospitals and health insurers included – have developed incredible programs and models that address the nutrition needs of their patient and clients that, in turn, improves overall health.

Many of those organizations are members of Root Cause, including ProMedica, Common Spirit Health, Presbyterian Health System, RWJ Barnabas Health, Adventist, Methodist LeBonheur, Metro Health, Ascension, OSF Health, Loma Linda, Kaiser Permanente, Blue Cross & Blue Shield, Humana, and Care Source, to name a few.

But all the individual programs – collectively – cannot do what comprehensive national health policy could do to appropriately ensure that access to nutritious food for all becomes a part of our nation's health care delivery model.

There are slightly varying estimates, but Bread for the World puts the nation's cost of hunger at \$160 Billion – that's with a B – annually. We've heard some significant figures since the onset of the pandemic, so a Billion may not resonate as it once did. But if you consider the implications of the \$160 Billion and what it means in lost productivity, lost wages, medical costs – to the individual as well as the industry – for conditions that could have been addressed through nutritious food, as well as the shame and stigma that hunger brings, it seems obvious that it is well beyond time to admit *hunger is a health issue and we can address this issue with food as medicine policies and programs.*

In fact, recent research from The Root Cause Coalition shows that there is public will to address it – over three-quarters of Americans say they support hunger as a policy priority; we need the political will, as well.

Our current health care delivery model is at an inflection point; born in a post-World War Two era that spurred the building of hospitals and clinics, and accelerated the development of medicine, treatments and technology that made advancements we could not imagine just 75 years ago was – and is – remarkable.

But along the way we lost our footing and our focus to ensure individuals – our patients, our neighbors, our fellow citizens – had access to the most basic needs that impact health, including nutritious food. We have put less focus on access and *prevention*, and it's led us to a point where on any given day, in cities across our country, the most amazing advances in medicine can save lives, while too many others wither and experience unimaginable consequences – even death – due to lack of nourishing food and other basic necessities. And so often, access to these basic necessities is tied to income, education and race. It should not be the case that your ZIP code determines your health and how long you live. That's wrong.

You'll hear from others on the panel this afternoon about the work they are doing in their organizations, across communities and across the nation – and how the lives of hundreds of thousands of individuals have been improved because of their thoughtful approach to addressing hunger.

I've had the great privilege to work with most of them and some are also members of The Root Cause Coalition. Our Coalition is rich with examples of how members are addressing hunger and nutrition in the communities and states in which they serve.

For example, ProMedica built a grocery store in a food desert to ensure equitable access to healthy food for residents who live in an inner-city neighborhood. A 'veggie mobile' serves both the inner city and rural communities, and our food clinic has proven to reduce readmissions and improve the overall health of those who are given a 'prescription' for food to supplement their diet – reducing the need for medicine as well.

ProMedica, Presbyterian Health System, and so many hospitals across the country screen their patients for food insecurity and make the appropriate community connections to ensure that needs are met.

Insurers are equally committed. For example, Kaiser Permanente is one of the insurers that is taking a closer look at how interventions promoting food as medicine can improve health outcomes and decrease costs. They are actively evaluating interventions, such as medically tailored meals and produce prescriptions, to understand what works, and under what conditions.

I encourage the committee to engage with all insurers to understand their current efforts, questions and challenges they may face.

And our non-clinical members – especially food banks – who work in communities with hospitals, insurers, schools, and other organizations are helping forge the way. But we can't fix our nation's healthcare model one pilot or program at a time.

One of our key priorities as a Coalition is to advocate for the reforms that include metrics and new payment models in Medicare and Medicaid that address health inequity, and ensure payment to care providers and non-clinical community-based organizations for demonstrated value related to addressing the social determinants. That's the model we can and MUST build – together.

So much research and study has gone into this area and we know much more than we did just a few years ago. We know that many American adults are suffering from at least one chronic, diet-related health condition, and if we are going to truly address the root causes of health inequities, we must address health outside of traditional Medicine –we must address health *before* medicine, because Food is Medicine.

In closing, I would like to thank Chairman McGovern, Ranking Member Cole, and every member of the committee for your focus on this issue. As we all know, the American people have been through so much, but The Root Cause Coalition shares your sense of obligation and understands that any healing from this period cannot be a return to normal. The 'normal' that was pre-COVID was not acceptable. We must do better. Collectively, we believe we can.

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