



Children's Hospital Colorado

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March 29, 2022

The Honorable James McGovern  
Chairman of the Rules Committee  
U.S. House of Representatives  
370 Cannon House Office Building  
Washington, D.C. 20515

The Honorable Tom Cole  
Ranking Member of the Rules Committee  
U.S. House of Representatives  
2207 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairman McGovern and Ranking Member Cole,

On behalf of Children's Hospital Colorado (Children's Colorado), we write in support of the efforts of the House Committee on Rules to end hunger in the United States, and we sincerely appreciate the opportunity to share our strategies to address population health through our Resource Connect model and to reduce food insecurity through our Food as Medicine initiative.

At Children's Colorado, we see, treat and help to heal more kids than any other hospital in our seven state Rocky Mountain region. In addition to our patient care, Children's Colorado supports families by providing care coordination, advocacy and facilitating access to community programs and resources. In 2019, we proudly established Resource Connect, a centralized model to address the various social needs that impact families' health. Through Resource Connect, our clinical providers are able to address a multitude of family needs, including tackling food insecurity through our Food as Medicine initiative.

To promote and support the health of patients and their families, our Healthy Roots Food Clinic at Children's Colorado provides a plentiful selection of shelf-stable and fresh, nutritious food including multiple protein and dairy options to accommodate a variety of meal plan needs that consider allergies and medical conditions, guidance on community resources and basic nutrition and safe food education support to the Children's Colorado Health Pavilion patients and their families. The Healthy Roots Food Clinic represents one of the aspects of our multi-pronged Food as Medicine Initiative.

The Healthy Roots Food Clinic is based on the principle of food as medicine and the belief that hunger is, at its core, a health issue. In the *New York Times*, the journalist David Bornstein captured this belief in the vivid terms espoused by one of its early proponents:

In 1965, in an impoverished rural county in the Mississippi Delta, the pioneering physician Jack Geiger helped found one of the nation's first community health centers. Many of the children Geiger treated were seriously malnourished, so he began writing "prescriptions" for food — stipulating quantities of milk, vegetables, meat, and fruit that could be "filled" at grocery stores, which were instructed to send the bills to the health center, where they were paid out of the pharmacy budget. When word of this reached the Office of Economic Opportunity in Washington, which financed the center, an official was dispatched to Mississippi to reprimand Geiger and make sure he understood that the center's money could be used only



for medical purposes. Geiger replied: “The last time I looked in my textbooks, the specific therapy for malnutrition was food.” The official had nothing to say and returned to Washington.<sup>1</sup>

Unfortunately, notwithstanding Dr. Geiger’s defiant approach, since 1965 the federal government’s willingness to treat hunger and food insecurity as a health issue, with policy solutions rooted in the healthcare system, hasn’t progressed nearly as far as it should have. Resource Connect does not send bills to Medicaid for the food or the nutrition services we provide to our patients and families. Nearly all of the work detailed below is currently enabled by generous support from philanthropic organizations.

This letter first outlines our current programmatic approach to supporting community social and food-security related needs. Second, and more importantly, it underscores the urgent importance of Medicaid and other federal health programs adopting Dr. Geiger’s approach. For Children’s Colorado to sustain our work in the long-term, and for other organizations to expand similar programs to other communities across our state and nation, the federal government must use the policy levers at its disposal to drive a transformation in the healthcare delivery system to treat food as medicine. The good news is that we believe that via funding and reimbursement changes, support for technical assistance, and the active sharing of best practices across health systems, dramatic progress is possible.

### **Resource Connect Model**

According to the American Journal of Public Health, 50 percent of the variables we can modify to impact community health outcomes are either social or environmental - including factors such as housing stability and food security.<sup>2</sup> Behaviors like diet and exercise, make up another 30% of modifiable health factors. That means removing common obstacles to practicing healthy habits can make a big difference in supporting healthier communities.

In August 2019, Children’s Colorado opened its new Health Pavilion. On the first three floors are outpatient primary care and specialty providers, dentists and mental health therapists. Through a universal psychosocial screening tool delivered to each patient, patients and families seen in the Health Pavilion who indicate an unmet social need—such as accessing regular meals or uninterrupted electricity at home—are referred to the facility’s fourth floor, Resource Connect, where a network of community health navigators and partners are ready to provide wraparound care and support.


Resource Connect comprehensively addresses social needs, including food security, energy assistance, eligibility for public benefits, legal services, community resource navigation and more. The services provided through Resource Connect promote equitable access to the resources that all families, including families of color and families with low incomes, need to improve their comprehensive picture of health and well-being. This is all accomplished through robust partnerships between Children’s Colorado and community-based organizations.

Any patient who is seen at the Children’s Colorado Health Pavilion—which has seen approximately 551,707 healthcare visits since opening—can be referred to Resource Connect by their provider. Patients and families can access Resource Connect on the same day and within the same building as their clinic visit. Community health navigators and clinical social workers identify families’ particular needs and connect them to partners who are co-located a few doors down in a shared space. Since opening in October 2019, Children’s Colorado providers and other team members have referred 4,062 families to Resource Connect.

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<sup>1</sup> <https://opinionator.blogs.nytimes.com/2011/07/28/treating-the-cause-not-the-illness/>

<sup>2</sup> Social Determinants of Health Equity | AJPH | Vol. 104 Issue S4 ([aphapublications.org](http://aphapublications.org))



Resource Connect anchors the Children's Colorado strategy for population health, delivering healthcare that lasts beyond a clinic visit and enhances care for patients and families by creating a centralized place to access the most common social needs. Resource Connect represents Children's Colorado's contribution to an ongoing, nationwide shift towards whole child health.

Overall, Resource Connect has been valuable because families are able to access wraparound services in one location. This reduces one of the biggest barriers for families: the time it takes to get connected to and then access services in multiple locations. Referrals are made to various types of programs by organizations who are collaborative and co-located partners, and by using “warm-handoffs,” referrals are often more likely to be successful and families in turn get what they need. Lastly, our integrated care model has the ability to keep track of our referrals to community-based resources, which is rare in cross-system support models such as this.

### **Focus on Food Insecurity and Food as Medicine Initiative**

In Colorado, food insecurity in many communities was exacerbated by the COVID-19 pandemic. Hunger Free Colorado reported in April 2021 that 16% of Colorado children were not getting adequate nutrition<sup>3</sup>. Within Children's Colorado's own primary care patient population located in the Child Health Pavilion nearly 6% of families self-reported food insecurity in 2021.

There is a growing body of research demonstrating inextricable links between food security and health outcomes, hunger and healthcare costs. The American Academy of Pediatrics states, “Children who live in households that are food insecure...are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently. Lack of adequate healthy food can impair a child's ability to concentrate and perform well in school and is linked to higher levels of behavioral and emotional problems from preschool through adolescence.”<sup>4</sup> In its 2021 publication, “Food Is Medicine: Final Project Report<sup>5</sup>,” Feeding America noted that food insecurity has been linked to over \$77 billion in additional health care expenditures each year in the U.S.”

Limited access to nutritious food is driven by many factors, including the inability to purchase nutritious food, lack of availability of nutritious food, and cultural differences that are not congruent with typical American processed foods. All of this can harm vital health, growth and developmental factors that start in childhood and compound over the lifespan.

Children's Colorado has responded by developing a multifaceted Food as Medicine initiative in which we are committed to the philosophy that nutrition is a vital element of medical care; further, we are activating services that will ensure all children and families have easily accessible, affordable and nutritious foods for optimal health and well-being. In addition, we also provide education and support for families on a wide range of food topics such as recipe reading, organizing and shopping based off a food plan, storage and preparation practices.

In the summer of 2018, we opened the Healthy Roots Garden, a garden on our main hospital campus that produces around 1,500 pounds of produce annually with 65 different produce varieties. All produce from our garden is distributed in our food clinic. Due to the pandemic, for much of 2020, we paused on advancing our Food as Medicine strategy and instead mounted a mobile grocery distribution in response to the increased need for food wrought by COVID-19. Over time, fortunately, several other community

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<sup>3</sup> <https://hungerfreecolorado.org/facts/>

<sup>4</sup> <https://publications.aap.org/pediatrics/article/136/5/e1431/33896/Promoting-Food-Security-for-All-Children>

<sup>5</sup> <https://hungerandhealth.feedingamerica.org/wp-content/uploads/2021/04/Food-is-Medicine-Final-Report-and-Key-Learnings-2021.pdf>

organizations also mobilized food distribution programs and were able to meet the exacerbated need, allowing us to return attention to our long-term, systems-level Food as Medicine work. Several other community organizations continue to lead mobile distribution at this time.

In 2021, the Healthy Roots Food Clinic received 1,149 referrals from primary care clinics in our Health Pavilion and served 2,851 people (1,237 children and 1,614 adults). One hundred percent of visits were “successful,” meaning that all families who sought food were provided nutritious groceries and basic food education. Most of these referrals came from our Health Pavilion’s primary care clinic which provides comprehensive, team-based, family-centered primary care in a medical home model to more than 12,000 children annually from birth to 18 years, regardless of their ability to pay. More than 85% of Children’s Colorado’s children are insured by Medicaid/publicly funded insurance or underinsured/not insured. Families seen at the Health Pavilion are ethnically and racially diverse; many identify as Latino and there is a growing population of immigrant families from Africa, Nepal, and southeast Asia. Approximately 60% of children seen are age 3 and under. Significant health disparities exist amongst these children. For example, within the three zip codes immediately surrounding the hospital and from which the majority of our Children’s Colorado’s families come, children have higher rates of hospital utilization than their peers in bordering zip codes, and use hospital services like the emergency room at a rate of 70% more.

Thus far in 2022, we are working towards adding clinical nutrition care by hiring a registered dietitian. We are also taking steps towards full integration with our electronic medical record system. This is a crucial step in integrating our Healthy Food Roots Clinic into a clinical model that operationalizes the Food as Medicine initiative.

### **School Partnerships**

In the summer of 2021, with generous philanthropic support, we launched pilot replications of the Healthy Roots Food Clinic and Resource Connect model in two schools within the Aurora Public School district (APS). The program is implemented in partnership with the communities we serve. At Children’s Colorado’s Aurora Public School food clinic partnership sites, Crawford Elementary and Central High School, we served approximately 1,185 students in 2021. Both schools are part of the APS ACTION Zone<sup>6</sup>, a network of five schools that serves 4,200+ students, roughly 10% of all APS students, and demographics include:

- Students come from 50+ different countries and speak over 150 languages
- 66% of students are Hispanic, 15% Black, 12% Asian, 1% Native American and 4% White
- 82% qualified for Free or Reduced Lunch
- 75% English Language Developers

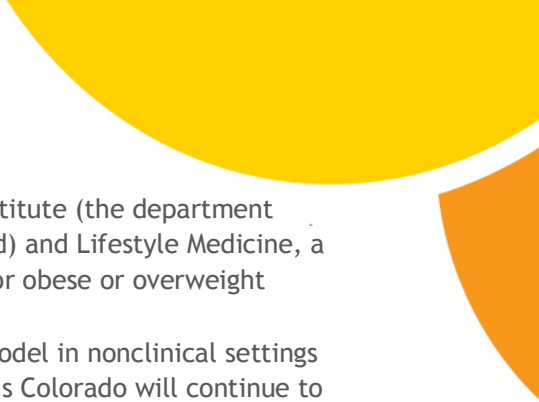
### **The Future of Food as Medicine - Expansion Ambitions, Sustainable Funding and Supports**

Over the next several years, Children’s Colorado’s Food as Medicine initiative aims to evolve to a more holistic and integrated model by progressing from simple food practices (i.e., food distribution) to nutrition planning to improved health outcomes. This will entail a variety of different efforts such as:

- Expanding our food practices and our education sequence to families around nutrition planning to ensure a comprehensive understanding about food quality, portion sizes, age-appropriate quantities based on individual needs, eating behaviors, and nutrition plans for specific medical needs. We also plan to expand a basic food care package that will include community resources to be provided to families upon discharge of inpatient visits.
- We will seek to hire a registered dietitian as our Food as Medicine model centers much of the clinical program elements around care plans developed by a registered dietitian. The

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<sup>6</sup> ACTION Zone - The Office of Autonomous Schools ([aurorak12.org](http://aurorak12.org))



registered dietitian will co-embed in the Child Health Advocacy Institute (the department under which the Food as Medicine model and food clinic are housed) and Lifestyle Medicine, a specialty clinic that provides multidisciplinary treatment options for obese or overweight infants, toddlers, school-age children and adolescents.

- We will seek to continue the replication of the Food as Medicine model in nonclinical settings to magnify the impact of holistic, integrated approaches. Children's Colorado will continue to provide robust technical assistance to Aurora Public Schools to evolve the program into a fuller clinic model by providing continuing training opportunities for the APS-hired Community Health Navigator as well as evaluation oversight.
- We will strategically and intentionally partner with other enterprise divisions and service lines such as the Pediatric Mental Health Institute so that our patients, their families, and community members can gather in the garden's holistic, healing environment and experience naturally grown and harvested nutritious fruits and vegetables.
- We will also develop vigorous data and evaluation practices so we can gain meaningful insights about how best to bridge addressing social determinants of health in clinical and community settings. Data will continue to play a critical role in understanding indicators of success so that we can better tailor our medical and nonmedical interventions as well as share our learning to inform the larger Food as Medicine movement and population health programming.
- We will seek to disseminate our model replication information and findings to raise awareness as we advocate for legislative and regulatory change. We will help build upon mounting public awareness of the intersection of food and well-being, and the growing understating that there are pervasive challenges to the food system that go beyond individual responsibility.

### **The Need for Sustainable Solutions**

As noted above, philanthropy is a primary source of support for Food as Medicine efforts and activities. The Children's Hospital Colorado Foundation is fortunate to have steadfast partners who are helping us advance this body of work while also financially supporting it. Significant and multiyear gifts propel this work forward over the longer timeline required to demonstrate the transformative, cross-sector solutions necessary to influence state and federal policy change. In short, philanthropic support has been essential to these efforts thus far. But philanthropy has always been intended as a bridge to a more sustainable payment solution to allow this work to advance and expand.

Food as Medicine, alongside Resource Connect, is pivotal to Children's Colorado's strategy to advance a holistic model of care that bridges clinic and community in equitable and accessible ways, and sustainability continues to be a focal point of our work. It's important to note that 88% of patients referred to Resource Connect are enrolled in Medicaid, and 89% of patients referred to the Healthy Food Roots Clinic are enrolled in Medicaid. However, there currently is no clear pathway to healthcare funding that accounts for investments that address social determinants of health. Therefore, we believe the Centers for Medicare and Medicaid Services should enable transformation in the healthcare delivery system can be implemented through funding and reimbursement, technical assistance, and sharing of best practices across health systems.

Over the next several years, we aspire to leverage our philanthropic support to test, refine, and scale health programs such as Food as Medicine. We will then clearly articulate the value of such social interventions and develop a strong case for direct support through non-philanthropic means such as federal grants and eventually Medicaid payments and reimbursement. Integrating programs that address social determinants of health that impact our patients and family's ability to lead healthy lives, like food insecurity, into Medicaid reimbursement is an essential and critical need towards eliminating health

disparities and leveraging social health interventions that can have an impact at an individual and population level. Federal Medicaid policy changes that would best support this innovative work include the following:

- Expanding the activities eligible for HITECH grant funding to include support for building data system capacity to track outcomes of cross-system referrals to community-based supports
- Ensure equitable access to healthy eating/active living and other health-related social needs programs by expanding:
  - Provider eligibility rules
  - Reimbursable CPT and HCPC code sets
  - Federal match for data and evaluation activities required to build an evidence base and drive quality improvement for these supports
  - Direct federal reimbursement for a broad array of activities associated with “care coordination”: case management, peer services, resource navigation, and cross-system, team-based care management
  - Funding and technical assistance to scale out lessons learned from InCK pilot models
  - Policies limiting diagnosis-based reimbursements, such as guidance ensuring that dietitians, exercise physiology, and nutrition education services are reimbursed at the same rates and provider requirements for any diagnosis
  - Policies reimbursing at cost and incentivizing a broad array of prevention and health promotion services
  - Direct reimbursement of community-based services at non-medical settings, such as exercise physiological education provided by a licensed clinician at a community recreation center.

In closing, Children’s Hospital Colorado truly appreciates the Committee’s interest in our models for addressing hunger and facilitating broader pediatric population health transformation related to Resource Connect and the Food as Medicine Initiative. Please do not hesitate to contact Zach Zaslow, Senior Director of Government Affairs and Medicaid Strategy, at [Zach.Zaslow@childrenscolorado.org](mailto:Zach.Zaslow@childrenscolorado.org) for more information.

Sincerely,

/s/

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