

## **Come to the Table: Ending Hunger in America by 2030 – A Recap**

***Come to the Table: Ending Hunger in America by 2030***, held at The Carter Center on January 19, 2023 and hosted by The Root Cause Coalition and ProMedica in partnership with the USDA, was the first in a series of regional summits designed to bring together critically important local perspectives and elevate the voices of the community in discussing hunger as a health issue. Those who came to the table in Atlanta included individuals, organizations, and policy makers – all with deep roots in the Southeastern United States. These conversations, to be held throughout 2023 and early 2024 and in locations across the country, build on the momentum generated during and from the historic White House Conference on Hunger, Nutrition, and Health in Washington, DC in September 2022.

From the conversation, themes emerged that tied the day together – from local to national policy priorities, and from young child to older adult innovations. Below is a summary of these themes and a list of speakers who lent their thoughtful perspectives, experience and expertise.

### **Health Equity – What Does it Mean?**

The term “Health Equity,” whether explicitly stated or not, was central to each panel and conversation. What it means, how it’s used and how to make it meaningful beyond a term that’s in vogue. Within the U.S., we have some of the best and poorest health outcomes, so how can we address this discrepancy through the lens of both access to and quality of care?

The discussion of health equity turned to thoughtful actions that address the systemic issues related to individual and population health. The panelists identified the following issues and priorities:

- Refocusing the health care system on prevention, not solely treatment
- Emphasizing participation in federal assistance programs, including the need to increase SNAP and WIC allotment and participation
- Focusing on rural broadband and telehealth, providing access to those who most lack it
- Listening to the community with the utmost dignity, inclusion and respect
- Putting aside assumptions about barriers to care and participation in programs
- Covering the entire lifespan, from newborn to older adult
- Garnering the trust of customers and clients, providing value and then being invited in to offer more
- Replacing the “or” when talking about food or nutrition insecurity and replacing it with “and”
- Improving the healthcare delivery model so that medically tailored meals and other proven nutrition interventions are reimbursed

### **Making it Work: Beyond the Moral Imperative**

Several panelists highlighted funding challenges in both the non-profit and healthcare sectors. The healthcare sector is under pressure to address the business case to work upstream, specifically reimbursement issues related to tackling social determinants of health.

When it comes to funding, others noted that corporate sponsors welcome and embrace big ideas that have far-reaching, measurable impact. Additionally, it was noted that philanthropists can be creative and flexible, something that the rapid response to COVID-19 made increasingly clear. Others talked about the ongoing need for services despite pandemic relief dollars drying up, with budgets too small to care for all who need it.

## **Innovative Ideas with Results**

Many innovative and creative solutions were raised at the meeting:

- USDA and the Social Security Administration (SSA) have signed a Memorandum of Understanding to leverage SSA's connection to elderly adults, with the goal of raising participation in SNAP for those who are eligible.
- Open Hand Atlanta is seeing positive health outcomes, cost savings, improvements in food security and A1C measures with Medical Nutrition Therapy (MTM) and nutrition education for individuals at risk or living with a chronic condition. These findings correlate with other organizations whose focus is providing MTMs and incorporating these models into an overall plan for healthcare delivery as a priority.
- The Archi Collaborative is inverting the burden of health inequities off the family and back onto the larger community health system. They engage with community health workers to ensure individuals coming out of an acute care system have warm linkages to organizations working on any number of social determinants. They too have seen improvements in blood pressure, A1C, self-described health stress, and decreased emergency room visits.
- Grady Health System's food insecure patients with uncontrolled diabetes and uncontrolled hypertension receive food as medicine interventions. They are seeing decreases in A1C in addition to cost savings.
- Share our Strength works with immigrant families that have children eligible for federal assistance programs; they also work to overcome the fear of participating in these programs. They work with trusted community members, including immigration attorneys and community-based organizations. They are also working to greatly simplify the benefits enrollment process with interventions such as a text message rather than long applications, and one website to navigate access to multiple benefit programs.
- AARP Foundation is doing market research to understand better how to effectively reach target audiences and to enroll more older adults who are eligible for SNAP.
- The Veterans Health Administration has opened a food security office and a national dashboard so that all VA systems can look across national and local data related to social determinants.
- The town of Apex, NC is working with community leaders – not necessarily those with titles but the “micro mayors” of neighborhoods – the people who can help organize and build trust to problem solve together.

Continuing this dialogue is important. Action is critical. The message loud and clear - it will take a concerted “whole of country” approach to address these systemic disparities that have been

prevalent for far too long. As Secretary Vilsack remarked at the event, “Let’s build on the promise of a collaborative spirit to identify what’s working, what’s not, and what we can do better.”

As these regional ***Come to the Table*** sessions continue, we will build on this brief and continue to identify scalable, replicable solutions that can apply to all communities, and also identify and prioritize key policy recommendations that assist in leveling the field for all – so that, indeed, health equity can be achieved and attainable for all.