



ACHIEVING HEALTH EQUITY THROUGH CROSS-SECTOR COLLABORATION

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June XX, 2021

The Honorable James McGovern  
Chairman of the Rules Committee  
U.S. House of Representatives  
H-312 The Capitol  
Washington, D.C. 20515

The Honorable Tom Cole  
Ranking Member of the Rules Committee  
U.S. House of Representatives  
H-152 The Capitol  
Washington, D.C. 20515

Dear Chairman McGovern and Ranking Member Cole,

We, the undersigned organizations, write in support of the efforts of the House Committee on Rules to end hunger in the United States. Believing it is a moral imperative that is within our reach, ending hunger is also a crucial step in achieving health equity for every American. As we harness the political and national will to consistently provide nutritious food to all, we will also realize many additional benefits, including a significant reduction in total national healthcare expenditures.

As you well know, allowing hunger to persist in this country has come with significant human costs. Studies repeatedly show that food-insecure households consistently have more emergency room visits, hospital admissions and total days in the hospital<sup>1</sup>. Hunger causes higher incidences of chronic diseases such as diabetes, hypertension, heart disease, kidney disease, and depression<sup>2</sup>. The effects on healthcare costs are particularly pronounced among older Americans who are food insecure as they are 50 percent more likely to be diabetic, nearly 60 percent more likely to have congestive heart failure or experience a heart attack and twice as likely to have asthma<sup>3</sup>. Yet in every case, these conditions are largely avoidable. Furthermore, these statistics disproportionately affect communities of color and this chasm has only widened during COVID-19.

Financially, the effects of hunger are just as bleak. The cost of hunger to the healthcare industry alone is \$53 billion annually, placing an ever-widening burden on our nation's hospitals, health systems,

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<sup>1</sup> Berkowitz, S. A., Seligman, H. K., Rigdon, J., Meigs, J. B., & Basu, S. (2017). Supplemental Nutrition Assistance Program (SNAP) Participation and Health Care Expenditures Among Low-Income Adults. *JAMA Internal Medicine*, 177(11), 1642. <https://doi.org/10.1001/jamainternmed.2017.4841>

<sup>2</sup> Dean, E. B., French, M. T., & Mortensen, K. (2020a). Food insecurity, health care utilization, and health care expenditures. *Health Services Research*, 55(S2), 883–893. <https://doi.org/10.1111/1475-6773.13283>

<sup>3</sup> Meals on Wheels of America. (2017, February). *Hunger in Older Adults: Challenges and Opportunities for the Aging Services Network* (J. L. Lloyd, Ed.). <https://www.mealsonwheelsamerica.org/docs/default-source/research/hungerinolderadults-fullreport-feb2017.pdf?sfvrsn=2>

federally qualified health centers, non-clinical community-based service organizations and citizens<sup>4</sup>. Ending hunger once and for all would make a significant course correction, and estimates show that for every \$1 spent on providing food to an individual experiencing hunger approximately \$50 is saved in Medicaid expenses<sup>5</sup>. Investments such as these improve health outcomes and lower healthcare utilization rates as well as overall costs. The case is clear: ending hunger would bring both great progress towards health equity but also a substantial return on investment.

The first and only White House Conference on Food, Nutrition and Health, held in 1969, was a catalyst for much-needed progress towards addressing hunger and nutrition policy. At this Conference, many essential assistance programs still used today were implemented or improved, including the Supplemental Nutrition Program (SNAP), the School Breakfast Program, National School Lunch Program and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). While these programs have been lifesaving, there is still work to be done. Too many of the challenges faced by individuals and families in 2021 are the same as they were in 1969.

This White House Conference can dive into the policy and systemic changes needed to address not only food and nutrition insecurity but also other deeply connected issues linked like poverty, systemic racism and adequate housing. The Root Cause Coalition's latest research reveals that in just the past year, roughly one-quarter of Americans had a decrease in their income and nearly 1 in 5 had trouble paying household bills. Nearly one-third of Hispanics reported that someone in their household lost a job (31 percent, compared to 13 percent nationally)<sup>6</sup>.

As leaders of cross-sector community organizations representing healthcare, faith-based, community non-profit and social service organizations – many of which focus on nutrition and ending hunger, education, business and local government – we understand the inextricable links between hunger, nutrition insecurity and overall health and well-being. In fact, many across the healthcare industry believe that hunger is the most debilitating obstacle to health equity. With our nation's healthcare expenditures at record levels, while overall health is declining, we not only support but urge the convening of a White House Conference on this issue. Our nation's roots in healthcare stem from public health needs; none of which are more essential to life than nourishing food. It is the cruelest of ironies that in a nation as wealthy as ours, those who experience food insecurity experience more shame than the nation that allows such an indignity.

We call on Congress and the White House to convene this Conference to address this moral and economic crisis. We commend your efforts and look forward to working with you, the Administration and our colleagues across the nation so that the haunting memory of what it is to be hungry is replaced with the knowledge that access to nourishing food is part of every individual's life, every day. If you have any questions, please do not hesitate to reach out to Barbara Petee, Executive Director, or Thomas Dorney, Director, The Root Cause Coalition at [bpetee@rootcausecoalition.org](mailto:bpetee@rootcausecoalition.org) or [tdorney@rootcausecoalition.org](mailto:tdorney@rootcausecoalition.org), respectively.

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<sup>4</sup> Berkowitz, S. A., Basu, S., Gundersen, C., & Seligman, H. K. (2019). State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. *Preventing Chronic Disease*, 16. <https://doi.org/10.5888/pcd16.180549>

<sup>5</sup> Blinten, F. (2019, March). Hunger Is A Health Issue. *Health Progress*, 100(2). <https://www.chausa.org/docs/default-source/health-progress/hunger-is-a-health-issue.pdf?sfvrsn=0>

<sup>6</sup> The Root Cause Coalition. (2021, April). *Perceptions of COVID-19 on Health Equity and Social Determinants*. <https://www.rootcausecoalition.org/post/routine-doctor-s-appointments-missed-and-a-salary-decrease-two-reported-trends-over-the-past-year>

Sincerely,  
(as of 6/21/21)

*AARP Foundation*  
*ProMedica*  
*Acenda Integrated Health*  
*Alliance to End Hunger*  
*American College of Lifestyle Medicine*  
*Ceres Community Project*  
*Children's HealthWatch*  
*Collaborative Consulting*  
*CommonSpirit Health*  
*Community Servings*  
*Connecting Kids to Meals*  
*Food Bank Council of Michigan*  
*Houston Food Bank*  
*Kumanu*  
*Metropolitan Area Neighborhood Nutrition Alliance (MANNA)*  
*Michigan Health and Hospital Association*  
*Mid-Ohio Food Collective*  
*National Association of Nutrition and Aging Services Programs (NANASP)*  
*Neighborhood Family Practice*  
*Project Angel Heart*  
*Second Harvest Heartland*  
*The Healthcare Connection*  
*The Poverello Center Inc.*  
*Toledo/Lucas County CareNet*  
*University of Toledo College of Medicine and Life Sciences*  
*YMCA of Northwest Ohio*