



ADVOCATES FOR  
COMMUNITY  
HEALTH

Statement for the Record

**Advocates for Community Health**  
Amanda Pears Kelly, Chief Executive Officer

**Senate Committee on Health, Education, Labor and Pensions (HELP)**  
**Subcommittee on Primary Health and Retirement Security**  
[hearing](#) on  
**“Feeding a Healthier America: Current Efforts and Potential Opportunities for Food is  
Medicine”**

April 17, 2024  
2:30 PM ET  
Senate Dirksen Office Building Room 430

[Advocates for Community Health](#) (ACH) is pleased to submit this statement for the record and applauds the Senate Committee on Health, Education, Labor and Pensions (HELP) Subcommittee on Primary Health and Retirement Security Chair Ed Markey (D-MA) and Ranking Member Roger Marshall, M.D. (R-KS) for holding today’s hearing to highlight the importance of food and nutrition in improving health outcomes.

ACH is a member organization of community health centers (CHCs) focused on advocacy initiatives to affect positive change for CHCs, the patients they serve, and the entire nation’s health care system. We leverage our members’ wisdom, agility, and innovation to spearhead forward-thinking federal policies and drive change to advance and achieve health equity through comprehensive, integrated primary care. This statement aims to underscore the critical role that CHCs play in keeping America healthy, particularly through ways we help our patients access high-quality nourishment to prevent, manage, and treat their health conditions and improve their well-being.

As our nation’s largest primary care health system, over 1,400 community health centers nationwide work tirelessly to meet the evolving needs of approximately 31.5 million patients each year, serving all who seek care, regardless of their ability to pay. Over 90 percent of health center patients live at or below the federal poverty line and many face complex and overlapping health challenges while struggling to access food and nutrition services.

As community health centers experienced firsthand, the COVID-19 pandemic highlighted and exacerbated existing challenges in food security, housing, and transportation, essential components of social drivers of health (SDOH). [Data](#) shows that more than half of CHCs reported a substantially increased need for services compared to before the pandemic: 69 percent saw an increase in patients seeking housing services, 63 percent in food and nutrition services, and 53 percent in transportation services.<sup>1</sup> This surge underlines the profound impact

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<sup>1</sup> Jessica Sharac, Lina Stolyar, Bradley Corallo, Jennifer Tolbert, Peter Shin, and Sara Rosenbaum, “How Community Health Centers Are Serving Low-Income Communities During the COVID-19 Pandemic Amid New and Continuing Challenges,” Kaiser

of these factors on community health and the escalating needs that our centers are striving to meet.

In 2021, [32.1 percent](#) of households with incomes below the federal poverty line were food insecure;<sup>2</sup> the issue presents itself at our country's community health centers every single day. Many patients forgo proper nutrition because they are too busy caring for their families. They may need to choose between paying for utilities and housing over spending money on healthy food. Unfortunately, this can make their long-term health problems worse. Therefore, each center tailors its programs to the needs of its local community.

Some examples of how community health centers use food and nutrition to improve public health:

- **Evora Health's Food Pharmacy Program** (Florida) is a pioneering example of directly using food as medicine. In collaboration with Feeding Tampa Bay and funded by Humana, Evora Health's clinicians provide food prescriptions and medically appropriate nutrition and meals to certain patients. To be eligible for their program, patients are screened for food insecurity using the USDA Hunger Vital Sign screening questions. Patients identified as food insecure and diagnosed with chronic conditions of diabetes, hypertension, and/or high BMI are eligible for enrollment in the [food intervention program](#). Patients receive vouchers to use at the Evora Food Rx Pharmacy, where staff assist patients as they choose from a prescribed option set. In addition to Evora's pantries, patients can redeem their vouchers at Feeding Tampa Bay's "Groceries on the Go" bus, which parks at various locations throughout the week, including Pinellas Park and the Lealman Exchange.
- **Lowell Health Center** (Massachusetts) and its partnership with Mill City Grows is a testament to the power of local collaborations. [This partnership](#) has enabled patients with chronic conditions at the Health Center to access the healthy foods necessary for their diets. Since its inception in 2021, 56 adults have already enrolled and are benefiting from access to healthy, locally sourced produce.
- **East Boston Neighborhood Health Center** (Massachusetts) takes a [four-pronged approach to addressing food insecurity](#): 1) Food Access programs increase access to healthy foods at Farmers' Markets; 2) the center's Community Resource and Wellness Center serves over 700 families each week with groceries and necessities; 3) an onsite kitchen makes more than 2,000 prepared meals each week for elderly enrolled in its home-delivered meals program through the Senior Care Options or Program of All-Inclusive Care of the Elderly programs; and 4) an onsite WIC program supports thousands of families each year.
- **Peninsula Community Health Services** (Washington) screens all patients for SDOH, including food security. In 2022, they screened 40,007 patients across 88,701 visits and identified 303 patients who needed referrals for food as an immediate need. As a part of their process, PCHS provides emergency food boxes inside their clinic—a service they

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Family Foundation, 2022. Accessed at <https://www.kff.org/medicaid/issue-brief/how-community-health-centers-are-serving-low-income-communities-during-the-covid-19-pandemic-amid-new-and-continuing-challenges/>.

<sup>2</sup> "Food Security and Nutrition Assistance," Economic Research Service, United States Department of Agriculture, 2023. Accessed at <https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/food-security-and-nutrition-assistance/>.

offer without any designated funding. Those patients were then sent to work with the center's [Community Health Workers](#) for 434 "touches," during which the community health center works to coordinate more stable food resources, another non-billable service the community health center shouldered to ensure their patients' needs are met.

- **North East Medical Services (NEMS) Health Centers** (California) purchase refrigerators for patients who reside in crowded living conditions. [They also partner](#) with food pantries to ensure the availability of culturally appropriate food for their predominantly Asian communities, including prescription boxes filled with necessary nutritional foods.
- **Sun River Health** (New York) engages in local events, such as including their Vice President of Operations [as a guest chef](#) in community food events, further strengthening the bond between health care providers and the communities they serve.
- **El Rio Health** (Arizona) offers [comprehensive nutritional counseling](#) with a team of Nutrition Education Specialists, Registered Dietitians, and a Lactation Consultant. This interdisciplinary approach ensures that diverse nutritional needs are met, from general health maintenance to specific medical conditions.
- **Salud Integral en la Montaña and Tampa Family Health Centers** (Puerto Rico and Florida), along with other members, employ [Mobile Health Units](#) to extend the reach of their services, ensuring that nutrition and healthcare access is available even in remote areas or during emergencies.

These efforts align with national initiatives like [the White House Challenge to End Hunger and Build Healthy Communities](#), a nationwide call to action to stakeholders to advance President Biden's goal to end hunger and reduce diet-related diseases by 2030, and the [Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health](#). Notably, the White House Challenge has recognized the work of entities like [UTHealth Houston and its partners](#), whose initiatives are preparing to scale the produce prescription model across school-based health centers nationwide, demonstrating the effectiveness and scalability of food-based interventions in public health settings.

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Community health centers are at the forefront of integrating health care with essential health-related social needs (HRSNs) like food. Proper nutrition is a critical component of medical treatment and chronic disease management. By supporting and expanding such initiatives, we can enhance the health and well-being of communities nationwide. We hope Congress will consider the evidence and enact policies strengthening these vital connections between healthcare providers, food access, and community wellness.

We appreciate your support and the opportunity to exemplify the essential role of food in medicine and public health. We look forward to working with the Committee on these critical issues.

For more information, please contact me at [apearskelly@advocatesforcommunityhealth.org](mailto:apearskelly@advocatesforcommunityhealth.org) or you can contact Stephanie Krenrich, Senior Vice President of Policy and Government Affairs, at [skrenrich@advocatesforcommunityhealth.org](mailto:skrenrich@advocatesforcommunityhealth.org).