



New York State Food as Medicine Project Executive Summary October 2023

We envision a healthcare system in which all New Yorkers who are food insecure or at risk of or suffering from a medical condition impacted by food and nutrition have access to Food as Medicine interventions to improve their health and quality of life.

- New York State Food as Medicine Project Vision

A National Call to Action

Poor diet and food insecurity – the limited or uncertain availability of nutritionally adequate and safe foods – are leading drivers of poor health outcomes and preventable healthcare costs in the U.S. and globally. People who are food insecure are at a greater risk of developing ten of the deadliest chronic conditions, including hypertension, coronary heart disease, stroke, cancer, and diabetes.¹ These diet-related chronic conditions and food insecurity cost the U.S. an estimated \$1.1 trillion per year in healthcare spending and lost productivity.² These burdens disproportionately affect communities of color, those with lower incomes, rural populations, and individuals with disabilities.^{3,4,5}

A growing body of evidence demonstrates the ability of certain nutrition interventions to address the connection between food and health, improving health outcomes and preventing unnecessary healthcare spending and utilization.^{6,7,8} These Food as Medicine interventions, also

¹ Christian A. Gregory & Alisha Coleman-Jensen, U.S. DEPT OF AGRIC., *Food Insecurity, Chronic Disease, and Health Among Working-age Adults* (2017), <https://www.ers.usda.gov/webdocs/publications/84467/err-235.pdf>.

² *True Cost of Food Measuring What Matters to Transform the U.S. Food System*, THE ROCKEFELLER FOUND. (July 2021), <https://www.rockefellerfoundation.org/wp-content/uploads/2021/07/True-Cost-of-Food-Full-Report-Final.pdf>.

³ THE US BURDEN OF DISEASE COLLABORATORS, *The State of US Health, 1990–2016: Burden of Diseases, Injuries, and Risk Factors Among US States*, 319 JAMA 1444 (2018), <https://jamanetwork.com/journals/jama/fullarticle/2678018> (doi:10.1001/Jama.2018.0158).

⁴ Alisha Coleman-Jensen et al., U.S. DEPT OF AGRIC., *Household Food Security in the United States in 2020* (Sept. 2021), <https://www.ers.usda.gov/webdocs/publications/102076/err-298.pdf>.

⁵ CENTERS FOR DISEASE CONTROL AND PREVENTION, *Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals* (updated Feb. 9, 2023), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>.

⁶ SARAH DOWNER ET AL., CTR. FOR HEALTH L. & POL'Y INNOVATION AND ASPEN INSTITUTE, *FOOD IS MEDICINE RESEARCH ACTION PLAN* (2022) (hereinafter "RESEARCH ACTION PLAN"), https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf.

⁷ Kurt Hager et al., *Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated hospitalizations and Health Care Expenditures in the US*, 5 JAMA NETW. OPEN e2236898 (2022), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797397> (doi:10.1001/jamanetworkopen.2022.36898).

⁸ Lu Wang et al. *Health and economic impacts of implementing produce prescription programs for diabetes in the United States: a microsimulation study*, 12 J. AM. HEART ASSOC. e029215 (2023), <https://doi.org/10.1161/JAHA.122.029215>.

known as Food is Medicine interventions, include a spectrum of services that respond to the critical link between nutrition and health through:

1. The provision of foods that support health; and
2. A nexus to the healthcare system.⁹

Food as Medicine (FAM) interventions include the direct provision of food, such as through medically tailored meals and medically tailored groceries, or the provision of food assistance, such as through produce prescriptions.¹⁰ Interventions are often provided in combination with nutrition education. Services are generally tailored to meet an individual's specific food insecurity and/or nutrition needs for those with or at risk of diet-related disease. Frequently, clinicians or other health system staff, including registered dietitian nutritionists, social workers, and community health workers, screen and refer eligible patients for appropriate services.¹¹

Historically, FAM programs have operated on smaller scales with support from grants and charitable donations. However, leaders in the U.S. healthcare and food systems are increasingly working to expand access to and sustainable funding for Food as Medicine interventions through systems-level change. These efforts have been particularly robust in Medicaid – the U.S.'s safety net health insurance program that operates as a partnership between the federal and state governments – where beneficiaries may be more likely to face challenges to accessing healthy foods due to income and other structural barriers.^{12,13} In September 2022, the White House convened the second-ever White House Conference on Hunger, Nutrition, and Health – over 50 years after the first. The White House's top policy priorities to end hunger, improve nutrition, and reduce health disparities, released in conjunction with the Conference, included expanding public health insurance beneficiaries' access to FAM interventions.¹⁴

As support for FAM grows, stakeholders – including state agencies, healthcare payers, and providers – have become increasingly cognizant of their role in the food system and the impact of food production choices on the health of local communities. Many programs are implementing innovative food purchasing models that prioritize local sourcing and values-based procurement. Although various features influence how programs define local and values-based procurement, a common thread throughout is the consideration of factors other than costs during the contract or bid solicitation process. Values that are commonly reflected in state or other good food purchasing

⁹ RESEARCH ACTION PLAN, *supra* note 6.

¹⁰ RESEARCH ACTION PLAN, *supra* note 6.

¹¹ Dariush Mozaffarian et al., *A Food is Medicine approach to achieve nutrition security and improve health*, 28 NAT. MED. 2238 (2022), <https://doi.org/10.1038/s41591-022-02027-3>.

¹² See KATIE GARFIELD ET AL., ADDRESSING NUTRITION AND FOOD ACCESS IN MEDICAID (Jan. 2022), https://populationhealthalliance.org/wp-content/uploads/2022/01/addressing_nutrition_foodaccess_Jan2022.pdf.

¹³ KRISTIN SUKYS ET AL., CENTER FOR HEALTH LAW AND POLICY INNOVATION, MAINSTREAMING PRODUCE PRESCRIPTIONS IN MEDICAID MANAGED CARE: A POLICY TOOLKIT AND RESOURCE LIBRARY (June 2023), <https://chlpi.org/wp-content/uploads/2023/06/Mainstreaming-Produce-Prescriptions-in-Medicaid-Managed-Care-V6.pdf>.

¹⁴ WHITE HOUSE, *Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health* (2022), <https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf>.

programs include impacts on local economies, environmental sustainability, valued workforce, animal welfare, and nutrition,¹⁵ but can also include other values such as equity and diversity, and support for small, medium, and family farms.

Seizing the Momentum in New York State

In 2021, over 2.26 million New Yorkers, or 1 in 9 people, were food insecure,¹⁶ and more than 40% of adults suffered from a chronic condition, resulting in 6 out of 10 deaths and 23% of all hospitalizations in the state.¹⁷ The devastating consequences of food insecurity and diet-related chronic conditions were underscored by the COVID-19 pandemic, during which food insecurity disparities by race and ethnicity increased and diet-related conditions like diabetes and cardiovascular diseases were leading risk factors of COVID-19 hospitalization and death.^{18,19,20} The pandemic hit New York particularly hard, with disproportionate impacts on low-wage workers and people of color, reflecting long standing health disparities and inequities in healthcare in the state.^{21,22}

In April 2022, New York released a proposal for an amendment to its Section 1115 Medicaid demonstration waiver with the aim of addressing health disparities exacerbated by the pandemic.²³ Section 1115 demonstration waivers require federal approval and allow states to pilot non-traditional service coverage, payment models, and eligibility criteria in their Medicaid programs for

¹⁵ THE CITY OF NEW YORK OFFICE OF THE MAYOR, EXECUTIVE ORDER NO. 8, COMMITMENT TO HEALTH AND NUTRITION FOOD STANDARDS AND GOOD FOOD PURCHASING (Feb. 10, 2022), <https://www.nyc.gov/assets/home/downloads/pdf/executive-orders/2022/eo-8.pdf>; NEW YORK STATE OFFICE OF GENERAL SRVS., *GreenNY Specification: State Funded Food*, HEALTH CARE WITHOUT HARM, THE REAL FOOD CHALLENGE and CENTER FOR GOOD FOOD PURCHASING, *Anchors in Action: Connecting Food Work Across Sectors* <https://ogs.ny.gov/greenny/statefunded-food>; https://noharm-uscanada.org/sites/default/files/documents-files/5795/Anchors%20in%20Action%20Backgrounder_April%203%202019.pdf

¹⁶ MONICA HAKE ET AL., FEEDING AMERICA, MAP THE MEAL GAP 2023: AN ANALYSIS OF COUNTY AND CONGRESSIONAL DISTRICT FOOD INSECURITY AND COUNTY FOOD COST IN THE UNITED STATES IN 2021 (2023), available for download at <https://www.feedingamerica.org/research/map-the-meal-gap/overall-executive-summary>.

¹⁷ NEW YORK STATE DEPT OF HEALTH, *Chronic Diseases and Conditions* (last revised Nov. 2021), <https://www.health.ny.gov/diseases/chronic/>.

¹⁸ Alisha Coleman-Jensen et al., U.S. DEPT OF AGRIC., *Household Food Security in the United States in 2020* (Sept. 2021), <https://www.ers.usda.gov/webdocs/publications/102076/err-298.pdf>;

¹⁹ CENTERS FOR DISEASE CONTROL AND PREVENTION, *Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals* (updated Feb. 9, 2023), <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html>

²⁰ Meghan O'Hearn et al., *Coronavirus disease 2019 hospitalizations attributable to cardiometabolic conditions in the United States: a comparative risk assessment analysis*, 10 J. AM. HEART ASSOC. e019259 (2021), <https://doi.org/10.1161/JAHA.120.019259>.

²¹ Gbenga Ogedegbe et al., *Assessment of Racial/Ethnic Disparities in Hospitalization and Mortality in Patients with COVID in New York City*, 2 JAMA NETW. OPEN e2026881(2020), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773538> (doi:10.1001/jamanetworkopen.2020.26881).

²² Benjamin D. Renelus et al., *Racial Disparities in COVID-19 Hospitalization and In-Hospital Mortality at the Height of the New York City Pandemic*, 8 J. RACIAL AND ETHNIC HEALTH DISPARITIES 1161 (2020), <https://doi.org/10.1007/s40615-020-00872-x>.

²³ NEW YORK STATE DEPT OF HEALTH, *Full Public Notice: Strategic Health Equity Reform Payment Arrangements: Making Targeted, Evidenced-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic* (Apr. 13, 2022), https://www.health.ny.gov/health_care/medicaid/redesign/2022/docs/2022-04-13_1115_waiver_public_notice.pdf

up to five years.²⁴ A key aspect of New York’s proposal would allow Medicaid to pay for services, such as Food as Medicine interventions, that respond to the health-related social needs of beneficiaries.²⁵ Health-related social needs (HRSN) are the social and economic conditions that affect an individual’s ability to maintain their health and well-being. Unmet HRSN include conditions such as housing instability, food insecurity, personal safety, and lack of transportation.²⁶ New York submitted its proposal to the Centers for Medicare & Medicaid Services (CMS) for approval in September 2022.²⁷

The New York State Food as Medicine Project was convened in June 2022 to harness these policy opportunities and develop a set of recommendations to serve as a “blueprint” for the sustainable and equitable integration of Food as Medicine services into New York Medicaid. The 18-month Project was led by The Food Pantries for the Capital District (“The Food Pantries”) – a coalition of more than 70 New York food pantries in Albany, Rensselaer, Saratoga, and Schenectady Counties – and The Alliance for a Hunger Free New York (“The Alliance”) – a collaborative effort of community-based food assistance providers and stakeholders advocating to reduce food insecurity in New York State – with funding from the New York Health Foundation and technical assistance support from the Center for Health Law and Policy Innovation of Harvard Law School.

For the first time, the statewide Project brought together representatives from every region of the state and key stakeholder groups including healthcare providers and payers, government, academic institutions, advocacy organizations, community-based nutrition providers, retail, FAM program participants, agriculture, and more. The New York State Food as Medicine Project developed 15 policy recommendations to help guide New York State towards successful integration of Food as Medicine interventions into Medicaid and the broader healthcare system. Implementation of the Recommendations is being driven by the newly formed New York State Food as Medicine Coalition.

²⁴ 42 USC § 1315(a) (2023).

²⁵ NEW YORK STATE DEPT OF HEALTH, *Medicaid in New York 2023 Conference (Presentation)* (July 2023), https://uhfnyc.org/media/filer_public/2f/dc/2fdc1a24-e4ff-4568-87f8-0db242222ef3/uhf_2023_medicaid_conference_slides_for_publication.pdf.

²⁶ OREGON HEALTH AUTHORITY, *Health-Related Social Needs vs The Social Determinants of Health* (accessed Aug. 4, 2023), <https://www.oregon.gov/oha/HPA/dsi-pcpch/AdditionalResources/Health-related%20Social%20Needs%20vs%20the%20Social%20Determinants%20of%20Health.pdf>.

²⁷ NEW YORK STATE DEPT OF HEALTH, NEW YORK STATE MEDICAID REDESIGN TEAM (MRT) WAIVER AMENDMENT (Sept. 2, 2022), https://www.medicaid.gov/sites/default/files/2022-09/ny-medicaid-rdsgn-team-pa-09152022_updated.pdf.

New York State Plan Project Accomplishments

Establishment of shared language and framework for Food as Medicine within the State.

Collection of statewide data on the availability of Food as Medicine services, funding and staffing of programs, and other program details for layering onto an existing statewide [Food Connect Map](#), which maps availability of food and nutrition services, such as food pantries and SNAP/WIC assistance, as well as other health-related social needs services, such as housing assistance and period supply pantries.

Creation of statewide connections and collaborations between diverse stakeholders to advance Food as Medicine, including healthcare providers, CBOs, healthcare payers, government agencies, advocacy groups, food system reformers, directly impacted community members, academic researchers, and more.

Publication of a blueprint for scaled integration of food and nutrition interventions into New York Medicaid and the broader healthcare system through 15 targeted policy recommendations.

Development of the New York Food as Medicine Project

The development of the New York Food as Medicine Project and Recommendations proceeded through five key stages: (1) statewide landscaping analysis; (2) steering committee convening; (3) workgroup formation; (4) recommendation drafting; and (5) solicitation and incorporation of feedback.

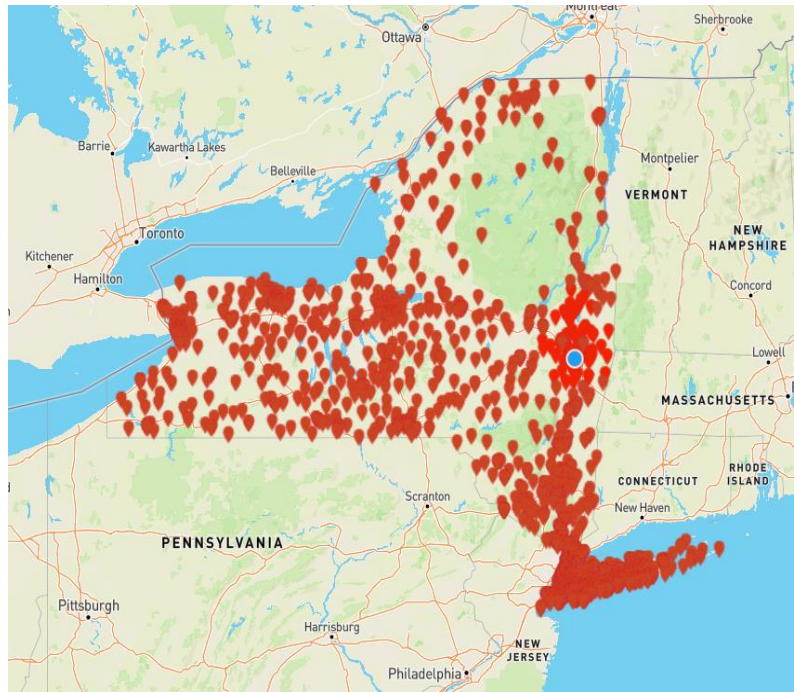


At every stage of the process, the convenors and stakeholders were focused on creating a shared knowledge base, building a strong coalition that incorporated perspectives of individuals with lived experience relevant to the Project's policy goals, creating ample opportunities for stakeholder and decision-making engagement, offering guidance and technical assistance to stakeholders and the broader community regarding the upcoming demonstration waiver opportunity and other food access initiatives, and planning for the sustainability for FAM services.

1. **Statewide Landscaping:** Beginning with a statewide Project kickoff meeting in June 2022 with 133 individuals representing every New York region and various sectors, The Food Pantries surveyed participants and other relevant stakeholders to understand the landscape of FAM in the state as well as the desired scope of the Project. For example, the survey asked respondents which services should be included in the Project's definition of FAM and gauged respondents' familiarity with various payment pathways for FAM. The Food Pantries also collected statewide data on the availability of Food as Medicine services, funding and staffing of programs, and other program details. The Food Pantries, The Alliance, and the newly formed New York State Food as Medicine Coalition are seeking funding to layer this data onto an existing statewide [Food Connect Map](#), which maps availability of food and nutrition services, such as food pantries and SNAP/WIC assistance, as well as other HRSN services. With the addition of the FAM services data, the Food Connect Map can be a one-stop referral reference for Medicaid providers and others in need of food and nutrition services. Finally, The Food Pantries,

in partnership with the Figueroa Interdisciplinary Group (FIG) Research Lab in the Division of Nutrition Sciences at Cornell University, gathered aggregate data from de-identified patient surveys, focus group transcripts, and grant reports from five New York State FAM programs to further inform the Project from the perspective of FAM services beneficiaries.

- Steering Committee:** Essential to the development of the Project was the establishment of a multi-sector Steering Committee, which consisted of over 50 individuals from healthcare systems, health insurers, community-based organizations, academic programs, government agencies, and more. Members were identified as organizations and entities necessary to ensure statewide geographic inclusion and a diversity of deep substantive knowledge and experience to inform the Project. Once established in October 2022, the Steering Committee met monthly to guide the creation of a shared knowledge base (for example, through various presentations by national and local experts), data-gathering, and strategic plan development to ensure that each step of the Food as



Food Connect Map showing food pantries available in New York State. Data collected by the New York Food as Medicine Project regarding available Food as Medicine services could be layered onto this map.

Medicine Project stayed grounded in its mission and vision.

- Workgroups:** To develop a comprehensive “blueprint” for the successful integration of FAM interventions into New York Medicaid and the broader healthcare system, the Steering Committee formed five Workgroups to develop a set of policy and practice recommendations. The five groups each focused on a substantive area of expertise and were tasked with developing three recommendations in their area: (1) intervention models; (2) funding pathways; (3) research & evaluation; (4) education & outreach; and (5) education of the medical community. The Steering Committee recruited individuals from every region of the state and a wide array of lived experience and expertise to serve on the Workgroups. First convened in January 2023, over 60 representatives from over 40 organizations comprised the five Workgroups.

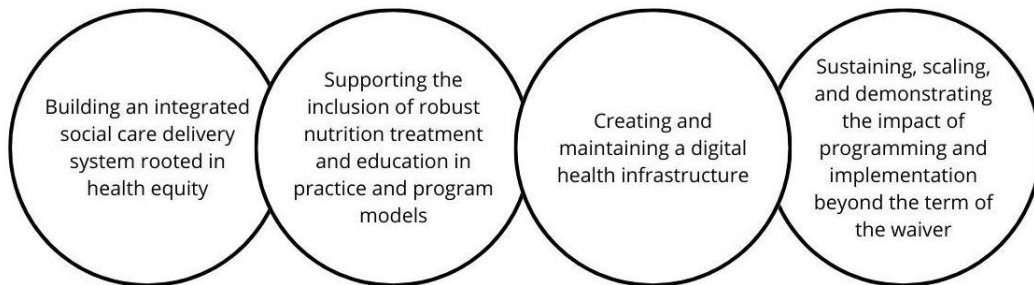
NEW YORK STATE FOOD AS MEDICINE PROJECT

Workgroups



4. **Recommendation Drafting:** While each Workgroup developed recommendations in their own substantive areas of expertise, all the Project's recommendations were framed to support four focus areas. These focus areas aligned with the goals of New York's proposed Medicaid demonstration waiver and allowed the Workgroup participants to envision a future for FAM beyond the term of the waiver.

Four Focus Areas



To develop the recommendations, each Workgroup compiled resources and research from states with existing Medicaid demonstrations similar to New York's proposal (e.g., Massachusetts, North Carolina, California), academic institutions, policy labs, state agencies, research bodies, and the experiences of community partners. Members then identified priority areas that advanced the goals of the four focus areas within their

substantive topic area, adapting and developing language to address the challenges and opportunities specific to the landscape and infrastructure in New York State. Central to the iterative process in each Workgroup was uniting diverse perspectives around a shared goal of building an equitable and sustainable plan for FAM in New York State.

5. **Feedback Process:** The Project Workgroups compiled their draft recommendations and solicited feedback from the Steering Committee and the public through two web-based public forums as well as through an online form.

The New York Food as Medicine Project Recommendations

As a result of the statewide landscaping, convening of stakeholders and strategic planning, resource and research compilation and analysis, and iterative drafting processes, **the New York State Food as Medicine Project identified 15 actionable policy and practice recommendations** for New York State to integrate Food as Medicine interventions equitably and sustainably into New York Medicaid and the healthcare system broadly. The New York Food as Medicine Coalition will work with the NYS DOH to assist with the implementation of the Recommendations.

The Future of Food as Medicine in New York State and Beyond

As the support for Food as Medicine interventions as a cost-effective response to food insecurity, chronic illness, and health disparities continues to grow, the New York Food as Medicine Project and Recommendations can serve as a model for how stakeholders can leverage policy opportunities to build healthcare and food systems that reliably connect individuals in need to meaningful interventions, and sustainably fund and support those services.

The New York Food as Medicine Coalition and the participants in the New York State Food as Medicine Project will continue to strive for a healthcare system in which all New Yorkers who are food insecure or at risk of or suffering from a medical condition impacted by food and nutrition have access to Food as Medicine interventions to improve their health and quality of life.

FOR MORE INFORMATION

The full New York State Food as Medicine Project Recommendations and resources can be found online at: thefoodpantries.org/home/new-york-state-food-as-medicine-project/

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