

January 13, 2023

Commissioner Ashwin Vasani  
New York City Department of Health and Mental Hygiene Gotham Center  
42-09 28th Street, 14th Floor, CN30  
Long Island City, NY 11101-4132

Dear Commissioner Vasani:

The New York Health Foundation (NYHealth) appreciates the opportunity to provide comments in response to the proposed amendments to Title 24 of the Rules of the City of New York, establishing rules for a subsidized grocery program, Groceries to Go. The amended and updated program, which is now designed as a Food Is Medicine intervention, can improve health outcomes, reduce food insecurity, and decrease long-term health care costs.<sup>1</sup>

NYHealth is a private, independent, statewide foundation dedicated to improving the health of all New Yorkers, especially people of color and others who have been historically marginalized. The Foundation's *Healthy Food, Healthy Lives* program aims to connect New Yorkers with the food they need to thrive.<sup>2</sup> Making it easier for health care providers to connect patients with healthy food through Food Is Medicine programs is a core strategy of this program.

The proposed amendment will provide Health + Hospitals New York City Care members and eligible program enrollees who have a diagnosis of hypertension or diabetes and are at risk of food insecurity with access to healthier food through an online marketplace of local grocery stores. The Groceries to Go program is based on growing research that shows that the right kind of diet can help prevent and manage disease, while the wrong kinds of food can contribute to disease onset and worsen health conditions.

### **Food Insecurity in New York**

Food insecurity jeopardizes health. An increasing body of evidence shows that individuals with uncertain access to food have lower diet quality, higher rates of diet-related disease, and higher health care costs.<sup>3,4,5</sup> A 2019 study estimated that in New York State, the annual health care costs associated with food insecurity top \$3.4 billion, or approximately \$173 per person.<sup>6</sup> As the *Statement and Basis and Purpose* section of the proposed rule states, "Research demonstrates that US adults in households with marginal, low and very low food security are more likely to have hypertension and diabetes, two of the most common diet-related chronic diseases that disproportionately burden communities of color,<sup>7</sup> compared to adults in high food-secure households."<sup>8</sup>

Food Is Medicine refers to a spectrum of services and health interventions that respond to the critical link between poor nutrition and chronic illness.<sup>9</sup> Food Is Medicine programs are often targeted to people with chronic illnesses or at risk for chronic illness, and they often use a food "prescription" written by a health care provider or plan. Food Is Medicine usually takes the form of prepared meals or food/produce boxes/groceries that are medically tailored to meet an individual patient's needs.

In 2021, NYHealth conducted primary research to capture the lived experiences of New Yorkers who are

food insecure. We released the findings of a 1,507-person statewide Survey of Food and Health, which highlights the connections between food and health and contrasts the day-to-day struggles of food-insecure and food-secure New Yorkers.<sup>10</sup> The report also looks at New Yorkers' experience with and perceptions of food and nutrition programs, examines their support for expanding and improving these programs, and makes recommendations for strengthening public benefits, emergency food, and meals programs. A number of the findings, highlighted below, offer important insights for the City as it rolls out the updated Groceries to Go program. I encourage you to explore the full findings and policy recommendations, which are available on our website, [www.nyhealthfoundation.org](http://www.nyhealthfoundation.org).

### **Food Insecurity Is Strongly Linked with Worse Health**

Not surprisingly, NYHealth's findings reflect the City's cited research that food insecurity is significantly associated with chronic disease prevalence and worse health outcomes. Our findings show:

- Nearly half of all food-insecure New Yorkers rate their health as poor or fair;
- 69% report having at least one chronic illness and more than half find it difficult to get the food they need;
- 23% of chronically ill food-insecure individuals skip or delay medical care; and
- 16% delay or do not purchase prescription medication.

For chronically ill food-insecure New Yorkers, affording food is especially difficult: 72% struggle to afford the food they need. One survey respondent explained, *"We don't have enough money for food because I've been in and out of the hospital."*

### **Transportation and Cost Are Major Barriers to Accessing Food**

Transportation is also a major barrier for many food-insecure New Yorkers, and grocery delivery costs put online ordering out of reach for many. Two-thirds (64%) of chronically ill food-insecure individuals report that transportation is a barrier to getting the food they need, at least some of the time. One survey respondent explained, *"We are both disabled and live on food stamps. We don't drive, so getting to a food pantry is almost impossible."*

Reliance on public transportation can also restrict the food and beverages individuals purchase, as another survey respondent noted: *"We do not live within a reasonable distance of any supermarkets (we do not have a car) so are often limited to purchasing whatever we can carry on the bus."*

### **Overwhelming Support for Delivery and Online Purchasing Options**

When asked what could help them overcome barriers to get the food they need, food-insecure individuals unsurprisingly say they need more money. But they also express support for other solutions, including financial support for food delivery and improved transportation options like better access to public transit. **The *Groceries to Go* program addresses the primary food access barriers cited by New Yorkers** by providing access to healthy food for food-insecure, chronically ill New Yorkers, and should pay particular attention to the needs of New York City residents who rely on public transportation.

There is also popular support for programs that allow for purchase of groceries online. The NYHealth survey results show that more than 90% of food-insecure and 80% of food-secure New Yorkers support online grocery ordering and delivery for Supplemental Nutrition Assistance Program (SNAP) purchases. Currently, SNAP participants may use benefits online at select retailers, but traditionally, large chain stores like Amazon and Walmart have dominated the online market. NYHealth has invested in programs in the North Country of New York State that allow food-insecure individuals access to online grocery purchase and delivery from local markets. Our grantee, [The Hub on the Hill](#), which represents local vendors, can offer important lessons learned for the Groceries to Go program.

## **New Yorkers Want to Talk with Their Doctors about Food Insecurity**

Health care providers do not regularly screen for food insecurity, and the Groceries to Go program addresses this challenge. New Yorkers support this approach. Seventy-one percent of food-insecure individuals report that they would like to have more conversations with their doctors about the food they eat. Screening and referral processes, when implemented with fidelity, can reduce hunger and increase medical adherence.

NYHealth applauds the New York City Department of Health and Mental Hygiene for designing this innovative, evidence-based approach to addressing food insecurity among patients with chronic disease. Food-insecure New Yorkers rely upon nutrition and food programs that serve as a crucial safety net, but those programs could be improved.

These type of Food Is Medicine programs are critical and should also be paired with robust referral and enrollment services for other food and nutrition programs—including SNAP and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)—that provide a critical safety net that can help New Yorkers access the food they need to thrive. Yet many New Yorkers cannot or do not participate in these programs. Health care providers could play a critical role in connecting more food-insecure patients with these nutrition benefits.

While research is promising, health payers and health care institutions have yet to find a sustainable pathway to broadly support Food Is Medicine interventions. Groceries to Go can contribute to the evidence base for Food Is Medicine programs and inform best practices for online grocery purchase and delivery programs for food-insecure New Yorkers who have limited resources. It is imperative to understand New Yorkers' needs and preferences and to develop policies and programs that are responsive to them. The proposed Groceries to Go program does just that.

My NYHealth colleagues and I look forward to being a resource as you work to secure and strengthen food and nutrition benefit programs and support New Yorkers' health.

Respectfully submitted,

David Sandman, Ph.D.  
President and CEO  
New York Health Foundation

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<sup>1</sup> Downer S, Clippinger E, Kummer C. Food is Medicine Research Action Plan. Published Jan. 27, 2022. [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf).

<sup>2</sup> New York Health Foundation. Healthy Food, Healthy Lives. January 2023. <https://nyhealthfoundation.org/what-we-fund/healthy-food-healthy-lives/>.

<sup>3</sup> Morales ME, Berkowitz SA. The relationship between food insecurity, dietary patterns, and obesity. *Curr Nutr Rep*. 2016 Mar;5(1):54-60.

<sup>4</sup> Berkowitz SA, Basu S, Meigs JB, Seligman HK. Food insecurity and health care expenditures in the United States, 2011-2013. *Health Serv Res*. 2018;53(3):1600-1620.

<sup>5</sup> Gregory CA, Coleman-Jensen A. Food insecurity, chronic disease, and health among working-age adults. U.S. Department of Agriculture, Economic Research Service. July 2017. No. 235. <https://www.ers.usda.gov/webdocs/publications/84467/err-235.pdf>. Accessed April 2022.

<sup>6</sup> Berkowitz SA, Seligman HK, Meigs JB, Basu S. Food insecurity, health care utilization, and high cost: a longitudinal cohort study. *Am J Manag Care*. 2018;24(9):399-404.

<sup>7</sup> New York City Department of Health and Mental Hygiene. EpiQuery – Community Health Survey, 2017. Viewed on 11/22/2022. <https://nyc.gov/health/epiquery>.

<sup>8</sup> Gregory CA, Coleman-Jensen A. Food Insecurity, Chronic Disease, and Health Among Working-Age Adults. Agriculture USDo; 2017. July 2017. <https://www.ers.usda.gov/webdocs/publications/84467/err-235.pdf?v=4007.7>.

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<sup>9</sup> Food Is Medicine Massachusetts, Food Is Medicine Interventions. Jan. 2023. <https://foodismedicinema.org/food-is-medicine-interventions#:~:text=Food%20is%20Medicine%20refers%20to,between%20nutrition%20and%20chronic%20illness>.

<sup>10</sup> New York Health Foundation, NYHealth Survey of Food and Health. August 16, 2022. <https://nyhealthfoundation.org/resource/nyhealth-survey-of-food-and-health-2022/>.