FoodMap NY

Leveraging Private-Sector Innovation and Investment for Food Security

RESEARCH SPOTLIGHT REPORT

Food as Medicine

November 2024

NYU STERN
Center for Sustainable Business

Mother Cabrini
HEALTH FOUNDATION

Cornell
SC Johnson College of Business
CENTER FOR SUSTAINABLE GLOBAL ENTERPRISE

About the New York University Leonard N. Stern School of Business, Center for Sustainable Business

The NYU Stern Center for Sustainable Business (NYU Stern CSB) was founded on the principle that sustainable business is good business. We provide education, conduct research, and influence industry practice by proving the financial value of sustainability for business management and performance. At CSB, we aim to equip future and current corporate leaders with updated business frameworks that embrace proactive and innovative mainstreaming of sustainability, resulting in competitive advantage and resiliency for their companies as well as a positive impact for society. To learn more visit stern.nyu.edu/sustainability or email sustainablebusiness@stern.nyu.edu.

About the Samuel Curtis Johnson Graduate School of Management's Center for Sustainable Global Enterprise

The Center for Sustainable Global Enterprise at the Cornell SC Johnson College of Business is a world-class academic institution producing and disseminating relevant knowledge for managers seeking innovative, profitable business opportunities which address global sustainability challenges and help transform the impacts of private enterprise on the world. The Center frames global sustainability challenges as business opportunities, and works with firms to specify innovative, entrepreneurial, and new business alternatives they can implement in the marketplace. Our programs include those focused on market and enterprise creation (particularly in low-income communities), clean technology commercialization and innovation, and finance + sustainability. To learn more visit https://business.cornell.edu/centers/sge/about/ or email CSGE@cornell.edu.

Introduction

More than 44 million Americans experience food insecurity today, including more than 2.2 million people in New York State alone. Despite decades of government and philanthropic efforts, levels of food insecurity continue to rise, depriving millions of a decent quality of life, and costing our nation billions in preventable health care expenses.[1] In response to this crisis, federal and state leaders have called for private sector collaboration to improve food access and affordability; integrate nutrition and health; empower consumers to make, and have access to, healthy choices; support physical activity for all; and enhance nutrition and food security research.[2]

The NYU Stern Center for Sustainable Business, in partnership with Cornell University, and with the support of Mother Cabrini Health Foundation, sought to better understand where private sector interventions and investment could enhance food and nutrition security in New York State (NYS).

Research was conducted between April 2022 and May 2023 to assess current knowledge, efforts, and opportunities for private sector engagement in six focal areas:

1. Controlled Environment Agriculture
2. Supply Chain & Infrastructure
3. Healthy Food in Retail Environments
4. Food and Nutrition Assistance Programs
5. Food as Medicine
6. Food Finance

This report focuses on research and opportunities in the area of **Food as Medicine**. Responding to the critical link between nutrition and health, this umbrella of solutions—also known as food is medicine and food is health—includes specific programs such as medically tailored meals and preventative produce prescription programs funded by private health insurers or nutrition start-up companies. We are looking at food-as-medicine solutions that engage the private sector to increase the flow of subsidized healthy food to those populations that can most benefit from it.

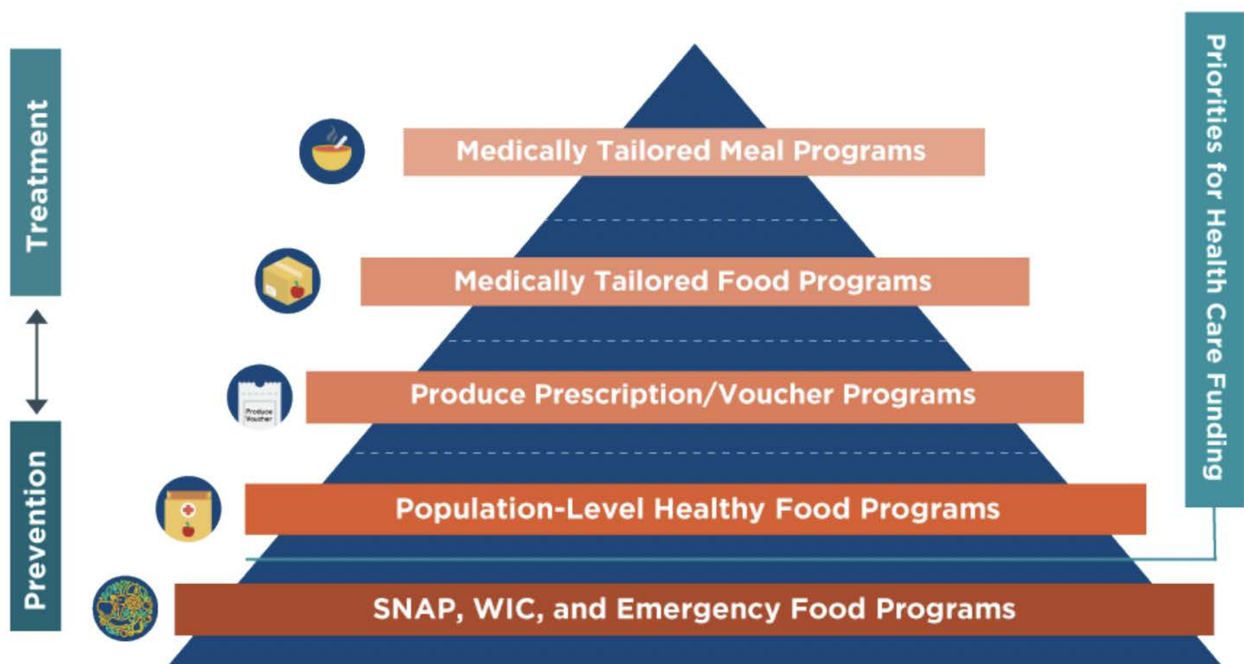
Separate reports for each of the other areas are available here:

view resources

Background

Food as medicine (FAM) is sometimes defined as "a spectrum of programs, services, and other interventions that recognize and respond to the critical link between nutrition and health."[3] FAM can mean different things, however, depending on the industry and focus that's being considered.[4] In many cases, a core theme of FAM approaches is using healthy food like fresh fruits and vegetables to promote dietary changes that can reduce the impacts of chronic diseases.[5] There is substantial evidence that dietary factors can influence conditions such as diabetes, cancer, heart disease, and other chronic illnesses, the risk of which is heightened by socioeconomic factors that limit access to nutritious food.

FAM interventions include but are not limited to food is medicine, culinary medicine, culinary nutrition, medically tailored meals, medically tailored groceries, medically tailored food packages, food for health, nutritious food referrals, prescription fruit and vegetable programs, and more.[6] As shown in the figure below, they range from preventative to treatment-based approaches, and also vary in the degree to which they are embedded in the federal health and nutrition funding system.



Source: Food is Medicine Massachusetts' Model Pyramid

FAM interventions are some of the most promising solutions to food and nutrition insecurity, because a core tenet of these approaches is to directly provide recipients with nutritious food at low or no cost. As research in FAM progresses, there is greater understanding of how FAM programs can serve as "effective and low-cost [strategies that] improve health outcomes, decrease utilization of expensive health services, and enhance patient quality of life."[7]

But FAM programs still have barriers to overcome if they are to increase their prevalence and success. States including Massachusetts and Oregon have passed the Section 1115 Waiver for Health-Related Social Needs, which amends eligibility requirements to increase Medicaid coverage for experimental and evidence-based projects that promote improved healthcare. Although some states have adopted Medicaid's Section 1115 waiver, there is still a six-month maximum cap on nutrition enrollment programs.[8] The short-term nature of this funding strategy limits long-term nutrition and food security programming intended for the most vulnerable populations in the country. It also limits the ability of programs to effectively assess the strengths and success of FAM interventions. Currently, only Arkansas, California, Massachusetts, North

Carolina, and Oregon have waivers in place that include support for FAM strategies.[9] NYS is expected to join this group in 2023 through a request to amend its current Section 1115 waiver to include services that address the social determinants of health.[10] While Medicaid offers various funding opportunities for FAM initiatives through managed care waivers, other federal healthcare programs like Medicare do not provide such funding opportunities, despite serving a population (people over 65 and those with qualifying disabilities) that is particularly vulnerable to food and nutrition insecurity. Limitations in funding streams can impede the rate of FAM program adoption across the country. To increase the reach of future FAM initiatives, it is worth considering potential funding opportunities through health insurance programs like Medicare that serve food vulnerable populations.

FAM programs rely on accurate and culturally appropriate dietary guidelines that provide a clear blueprint for health. Extensive research conducted by Hunter College's New York City (NYC) Food Policy Center showed that current dietary guidelines can be misguided, with policies that are informed by the interests of private companies.[11] Historically, when it comes to U.S. food policy, the "Dietary Guidelines Advisory Committee has failed to follow advancements in nutrition science, and often favors recommendations that benefit large food and beverage companies that have significant influence over the process of setting guidelines."[12] Today, some FAM programs attempt to address this by educating people on the power of food to directly influence health and wellness.

Defining the Opportunity

Currently, many FAM interventions are driven by nonprofit organizations, but growing interest from government, philanthropic organizations, healthcare institutions, and start-ups shows the promise of more significant investment in these healthy eating programs. From the commitment to FAM programs made during the White House Conference on Hunger, Nutrition, and Health, to The Rockefeller Foundation's $100 million Food is Medicine initiative, interest in FAM is growing. Some considerations for future research include ensuring that these programs center equitable access to benefits, are tailored to individual needs, and empower individuals and communities across diverse demographics. Below, we outline produce prescription (PRx) and medically tailored meal (MTM) programs as two examples of FAM initiatives with potential for private sector engagement.

Examples of Successful FAM Programs

Produce Prescription Programs (PRx):

Produce prescription models are a healthcare-based intervention through which doctors and other healthcare providers prescribe fruits and vegetables.[13] Typically, patients who are enrolled in a produce prescription program are at risk of or are managing chronic illnesses, such as diabetes.[14] Prescriptions are typically issued in the form of a paper voucher or electronic debit card that can be redeemed at a participating retailer or, less frequently, through CSA or farm boxes, or home delivery.[15] As these programs have evolved and developed, they have heralded a significant push to integrate nutrition and dietary needs into healthcare more explicitly.[16]

Produce prescription programs have gained significant attention as a highly successful intervention within the FAM space. Through our stakeholder interviews and research on existing FAM approaches, we have identified the value of food prescriptions and some associated pitfalls.

Our stakeholders shared that many of these programs are run using federal funds from programs like Medicaid, and accept Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program benefits. Ultimately, organizations seek to have PRx funding included as "a covered benefit through state Medicaid programs and Medicaid managed care organizations (MCO)."[17] With many programs, it is common for patients to redeem their produce prescriptions through local vendors, such as participating markets and grocery stores.[18] This promotes healthy eating among the population and generates business for local farmers. PRx programs like DC Greens provide food prescriptions to patients which can be redeemed at participating big box grocery retailers like Giant, Walmart, and Safeway, showing that it is possible to improve food access for chronically ill and food insecure people through local partnerships.[19]

An overview of peer-reviewed FAM research in the U.S. showed that PRx programs lead to an increase in fruit and vegetable consumption among participants, self-reported improvements in healthy eating habits, and better diet-related health outcomes.[20] Several interventions have taken the PRx model a step further by integrating technology, both to streamline evaluation and make engagement easier for clients.

As documented in DAISA Enterprises and Wholesome Wave's 2021 Produce Prescription Programs US Field Scan Report, hundreds of PRx pilots have been deployed across the U.S., with valuable lessons emerging from this initial wave of programs.[21] The report's findings and recommendations include:

- Supporting the National Produce Prescription Collaborative to expand, diversify, and form a learning hub, building out this body to promote national policy change
- Ensuring sufficient technical assistance for organizations fielding PRx programs (e.g., support for emerging programs, building/bridging hospital or community partnerships, complying with patient privacy, and accessing and managing data)
- Building and sharing an accessible database of federal & state-level funding opportunities and increasing resources for evaluation
- Developing broadly applicable, culturally-based nutrition education curricula
- Researching and capturing healthcare cost savings as well as affirming a value-based care model that goes beyond simple Return on Investment (ROI)
- Researching effective program design components (e.g., duration, dosing levels, eligibility, metrics)
- Advancing research on the extent of PRx programs led by and for BIPOC communities

With these priorities in mind, there is a clear need for more capital investment in these programs, particularly when one considers the efforts required to get them up and running, develop partnerships with healthcare providers, and evaluate success. Funding remains limited, however, by the terms of private grants, and financial and administrative resources. Public funding exists through the Gus Schumacher Nutrition Incentive Program (GusNIP), which has funded produce prescription programs since 2019; yet the 2023 budget request for applicants is $10.8 million, which would support approximately 20 projects per year.[22] If more capital were invested in PRx programs, efforts would be made to prolong these programs in a sustainable fashion.

Rural Health Network of South Central New York, a nonprofit organization based in Binghamton, "seeks to improve the food security and vitality of rural communities by supporting local farmers, providing educational programs on nutrition, and improving access to a variety of nutritious foods."[23] This organization runs a fruit and vegetable prescription program that aims to provide fresh produce to patients at risk of, or who have been diagnosed with, diet-related chronic illnesses. The program, which was launched in 2017, is just one example of successful PRx implementation; in 2021, it connected over 300 individuals who had diet-related chronic health conditions to produce prescriptions, resulting in better health for the population and improved business for local farmers, who sold $115,000 in produce via this program.[24]

Another local stakeholder with a successful PRx model is Capital Roots. As a 501(c)(3) nonprofit, it started as a community garden and has grown into a regional food access organization. Its work includes expanding community gardening programs and combining them with the PRx model. Its VeggieRx program currently serves the Capital District of NYS. VeggieRx patients receive $84 worth of fresh food coupons that can be redeemed at Capital Roots–operated Veggie Mobile and Veggie Mobile Sprout locations.[25] Programs like VeggieRx have also explored mobile food markets as a way to bring produce directly to recipients, simultaneously addressing need while reducing stigma and potential barriers to access, such as transportation and time.

Medically Tailored Meal Programs

MTMs emerged as a community response to the AIDS crisis in the 1980s, when activists turned to home-delivered meals to alleviate side effects experienced by patients while maintaining patient dignity. MTMs are nutritionally balanced meals delivered to individuals living with advanced illness through a referral from a medical professional or healthcare plan.[26] While MTMs have traditionally been used to treat or alleviate the symptoms of existing illness, they can also be used as a preventative measure for populations that are food insecure, experiencing limited mobility, or at high risk of illness. Programs typically deliver 10 meals per week—five lunches and five dinners—to participants.

Currently, MTMs are not covered by either Medicare or Medicaid, although Section 1115 waivers allow for the testing of demonstration projects that include nutrition education and other forms of nutritional support, which could encompass MTMs. At the September 2022 White House Conference on Hunger, Nutrition, and Health, the Biden administration pledged support for legislation to create a pilot program to test MTM coverage for individuals enrolled in traditional Medicare who

were experiencing diet-related illnesses.[27] An example of proposed legislation that has sought to fund MTM demonstration pilots is a bill introduced by Representative James McGovern (D-MA) in 2021. The conference brought together a range of private-sector stakeholders with MTM commitments, including Mass General Brigham, the Dohmen Company Foundation, Everytable, Community Servings, and BlueCross BlueShield of North Carolina Foundation.

There is substantial evidence of the positive impact of MTMs, which have not only improved patient health outcomes but also provided cost savings to insurers. A 2022 Tufts University study found that expanding MTM programs could prevent over 1.6 million hospitalizations and save $13.6 billion in healthcare costs in one year, potentially preventing up to 20 million hospitalizations and saving $300 billion over 10 years.[28] A 2017 University of California San Francisco study evaluated a community-based MTM intervention in a population with HIV/AIDS and/or type 2 diabetes mellitus.[29] For individuals with HIV/AIDS, rates of adherence to medication increased from 47% to 70%, while for the broader group, the study found a 63% reduction in hospitalizations and a 58% reduction in emergency room visits.

Currently, most MTM programs across the country are operated by nonprofit organizations and funded through grants and donations, or funds from Medicaid Section 1115 waivers in eligible states.[30] A new wave of tech start-ups, however, is expanding traditional approaches to MTMs. For instance, Everytable—a company that promotes access to affordable food through sliding-scale prices at its brick and mortar locations, as well as for its delivery and subscription services—has announced plans to expand its existing MTM programming beyond the Los Angeles area. Everytable has also partnered with Kaiser Permanente to introduce the SmartFridge concept, which provides easy access to healthy prepared food for patients and staff.[31]

Beyond keeping costs down and promoting delivery services, tech-enabled platforms have sought to work directly with private insurers to provide MTMs. NourishedRx offers nutrition support to members of Medicaid MCOs and private health plans that participate in Medicare Advantage, including Humana and BlueCross BlueShield of Minnesota. NourishedRx's core AI-enabled platform supports personalized, culturally appropriate meal offerings and encourages behavioral modification through nutrition education, progressing from prepared meals (MTMs), to meal kits that provide a long-term foundation for healthy eating and cooking habits. The company reports that members who participate in its programming are 6% more likely to stay with their healthcare plan than control groups.

There is a small number of existing MTM programs in NYS. In NYC, the nonprofit God's Love We Deliver provides MTMs in collaboration with health plans through Medicare Advantage and Medicaid Managed Care, serving both chronically ill individuals and individuals experiencing short-term illness through the nonprofit's partnerships with over 180 community-based organizations. God's Love We Deliver is also contributing to five hospital-based pilots to test the effectiveness of MTM interventions, including partnerships with the Mount Sinai Health System and Northwell Health.[32] In Albany, The Food Pantries for the Capital District partnered with Capital District Physicians' Health Plan (CDPHP) and Healthy Alliance's Independent Practice Association in 2020 to identify CDPHP Medicaid members at risk of food insecurity and connect them with nutrition support, including medically tailored meals.[33] In Buffalo, FeedMore WNY provides home delivery of nutritious meals to homebound older adults and/or individuals with disabilities in Erie and Niagara counties.[34]

In 2022, the NYS Department of Health spearheaded a pilot program that allowed eight Medicaid Managed Care programs to utilize MTMs as a covered benefit for adults with mental illness in NYC as well as in 13 upstate counties (Albany, Broome, Clinton, Columbia, Franklin, Fulton, Greene, Montgomery, Saratoga, Schenectady, Schoharie, Tioga, and Washington).[35] Under the pilot, four organizations—God's Love We Deliver, FeedMore WNY, Mom's Meals, and The Food Pantries for the Capital District— provide MTMs tailored to each individual's needs by a registered dietitian.

Suggestions for Action

While we have spoken to several key organizations involved in providing produce prescriptions, we will be expanding these interviews and deepening our engagement with organizations that are leading FAM initiatives as well as others in the space (payers, healthcare providers, and policymakers). One avenue that we seek to explore in greater depth is the development of a private sector funding solution to make PRx programs self-sustaining over a long period of time. There are valuable national and statewide models that can be leveraged in support of this effort. We will identify key learnings from organizations that have developed these models and build a compelling value proposition for private health insurers to invest patient capital in these programs.

Our next steps include:

- Design a sustainable and equitable PRx project considering valuable, well-recognized operational practices and lessons learned to provide metrics that would be compelling for long-term private sector investment.
- Approach NYS community-based organizations to evaluate the best existing pilots that could benefit from a sustainable funding program with a lifespan of at least five years.
- Define potential stable cohorts (PRx-targeted, experiencing food insecurity, or at risk for diet-related chronic diseases) that could benefit the most from a produce prescription initiative.
- Build a program value-proposition for healthcare partners.
- Approach potential partners including private investors, healthcare institutions, and private insurers.
- Establish a long-term funding partnership and align the right resources to support an evaluation capacity of at least three years.
- Disseminate lessons learned and scale the new model nationwide.

ENDNOTES

[1] Berkowitz SA, Basu S, Gundersen C, Seligman HK. State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. Prev Chronic Dis 2019;16:180549. DOI: http://dx.doi.org/10.5888/pcd16.180549

[2] The White House. *FACT SHEET: The Biden-Harris Administration Announces More Than $8 Billion in New Commitments as Part of Call to Action for White House Conference on Hunger, Nutrition, and Health. September 28, 2022*.

[3] The Center for Health Law and Policy Innovation of Harvard Law School. *Food is Medicine: Peer-Reviewed Research in the U.S.*, p. 1. December 2020. https://chlpi.org/wp-content/uploads/2013/12/Food-is-Medicine_Peer-Reviewed-Research-in-the-U.S.1.pdf.

[4] For recent key literature, see: Katie Garfield et al., Center for Health Law and Policy Innovation at Harvard Law School and The Rockefeller Foundation. *Produce Prescriptions: A U.S. Policy Scan*. October 2020. https://sunflowerfoundation.org/wp-content/uploads/2023/02/Produce-RX-US-Policy-Scan-FINAL.pdf; Vrushab Gowda et al., Center for Health Law and Policy Innovation at Harvard Law School and The Rockefeller Foundation., *Produce Prescriptions as a Novel Supplemental Benefit in Medicare Advantage*. Summer 2021. https://www.healthlawlab.org/wp-content/uploads/2021/06/Produce-Prescription-as-a-Novel-Supplemental-Benefit-in-Medicare-Advantage-2021.pdf; Sarah Downer, Emma Clippinger, and Corby Kummer, The Food Trust, Population Health Alliance, and Center for Health Law and Policy Innovation at Harvard Law School. *Addressing Nutrition and Food Access in Medicaid: Opportunities and Considerations.* 2021. https://thefoodtrust.org/wp-content/uploads/2022/07/report_addressing-nutrition-and-food-access-in-medicaid_2021.original.pdf; Sarah Downer, Emma Clippinger, and Corby Kummer, Aspen Institute and Center for Health Law and Policy Innovation at Harvard Law School. *Food is Medicine Research Action Plan.* January 27, 2022. https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf; Charles Platkin et al., Center for Food as Medicine and Hunter College New York City Food Policy Center. *Food As Medicine: How Food and Diet Impact the Treatment of Disease and Disease Management*. March 30, 2022. https://www.nycfoodpolicy.org/wp-content/uploads/2022/04/foodasmedicine.pdf.

[5] *Food as Medicine: How Food and Diet Impact the Treatment of Disease and Disease Management*, p. 8.

[6] Ibid.

[7] *Food is Medicine: Peer-Reviewed Research in the U.S.*, p. 1.

[8] Elizabeth Hinton and Amaya Diana, KFF. *Section 1115 Medicaid Waiver Watch: A Closer Look at Recent Approvals to Address Health-Related Social Needs (HRSN)*. March 4, 2024. https://www.kff.org/medicaid/issue-brief/section-1115-waiver-watch-approvals-to-address-health-related-social-needs/

[9] National Produce Prescription Collaborative (NPPC), policy briefing presentations, Brent Ling, May 2023.

[10] Elizabeth Hinton and Amaya Diana, KFF. https://www.kff.org/medicaid/issue-brief/section-1115-waiver-watch-approvals-to-address-health-related-social-needs/

[11] *Food As Medicine: How Food and Diet Impact the Treatment of Disease and Disease Management*.

[12] *Food as Medicine*, p. 70.

[13] *Food as Medicine*, p. 120.

[14] *Food as Medicine*, p. 123.

[15] Rural Produce Prescription Toolkit, p. 6.

[16] *Food is Medicine Research Action Plan*, p. 25.

[17] Vouchers for Veggies, No Kid Hungry, and UCSF Center for Vulnerable Rural Populations. *Rural Produce Prescription Toolkit: Increasing Access to Healthy Food for Rural Communities*, p. 14. 2022. https://bestpractices.nokidhungry.org/sites/default/files/media/Rural%2520Produce%2520Prescription%2520Toolkit_4.2022.pdf, p. 14.

[18] ProducePerks. P*Rx Prescriptions for Fruits and Vegetables: Health Intervention for Families*. https://produceperks.org/new-prx-program/#:~:text=Patients%20receive%20deliveries%20of%20produce,community%2Dbased%20food%20access%20points.

[19] DC Greens. *For Produce Rx Participants: 2023 Produce Rx Program Updates*. https://www.dcgreens.org/prx-customers.

[20] *Food is Medicine: Peer-Reviewed Research in the U.S.*, pp. 5–10.

[21] Maria Elena Rodriguez et al., DAISA Enterprises and Wholesome Wavel. *Produce Prescription Programs, US Field Scan Report: 2010–2020*. April 2021. https://www.daisaenterprises.com/uploads/4/4/0/5/44054359/produce_prescription_programs_us_field_scan_report__june_2021_final.pdf.

[22] *GusNIP Request for Applications*. https://www.nutritionincentivehub.org/resources/resources/gusnip-request-for-applications/produce-prescription-rfa-2023.

[23] Rural Health Network of South Central New York. *2021 Impact Report*. 2022. https://rhnscny.org/wp-content/uploads/2022/05/RHN-2021-Impact-Report_R4_Spreads-5.pdf.

[24] Ibid.

[25] Capital Roots. *VeggieRx: Prescribing Healthy Food*. https://www.capitalroots.org/veggierx/

[26] Food is Medicine Coalition. *The Medically Tailored Meal Intervention*. https://www.fimcoalition.org/our-model

[27] The White House. *Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health*, p. 17. September 2022. https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf.

[28] Kurt Hager K, Frederick P. Cudhea, John B. Wong, et al. *"Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated Hospitalizations and Health Care Expenditures in the US,"* JAMA Network Open. 5(10):e2236898. doi:10.1001/jamanetworkopen.2022.36898

[29] Kartika Palar et al. "Comprehensive and Medically Appropriate Food Support Is Associated with Improved HIV and Diabetes Health," *Journal of Urban Health*, 94:. 1, pp. 87–99. February 1, 2017. https://doi.org/10.1007/s11524-016-0129-7.

[30] Annie Young. “Medically Tailored Meals Could Save U.S. Nearly $13.6 Billion Per Year,” *Tufts Now*. October 17, 2002. https://now.tufts.edu/2022/10/17/medically-tailored-meals-could-save-us-nearly-136-billion-year.

[31] Center for Care Innovations. *CCI Innovation Group Explores Everytable Partnerships To Feed Patients in Need*. January 1, 2021. Accessed April 20, 2023. https://www.careinnovations.org/resources/cci-innovation-group-explores-everytable-partnerships-to-feed-patients-in-need/.

[32] God’s Love We Deliver. *Healthcare Partnerships*. Accessed March 24, 2023. https://www.glwd.org/healthcare-partnerships/.

[33] Capital District Physicians’ Health Plan. *CDPHP and Healthy Alliance IPA Partner with The Food Pantries for the Capital District To Improve Member Health by Tackling Food Insecurity*. July 14, 2020. https://www.cdphp.com/newsroom/2020/07/07-14-food-is-medicine.

[34] FeedMore WNY. *Meal Services: Home-Delivered Meals*. https://www.feedmorewny.org/programs-services/meal-services/home-delivered-meals/.

[35] Office of the New York State Comptroller. *New Yorkers in Need: Food Insecurity and Nutritional Assistance Programs*. March 2023. Accessed March 29, 2023. https://www.osc.state.ny.us/reports/new-yorkers-need-food-insecurity-and-nutritional-assistance-programs