

NYHealth Survey of Food and Health

August 2022





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Executive Summary

Across New York State, food insecurity—the lack of consistent access to enough food for an active, healthy life—is prevalent, persistent, and costly.¹ Prior to the COVID-19 pandemic, one in ten New Yorkers—nearly two million people—were food insecure.² Public benefit programs provide a critical safety net for hungry New Yorkers. But with rising food and gas prices as well as overall inflation, getting and affording food has become even harder, meaning that rates of food insecurity are likely to be even higher now.

Food insecurity jeopardizes health. Evidence proves that individuals with uncertain access to food have lower diet quality, higher rates of diet-related disease, and higher health care costs.^{3,4,5,6} 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.⁷

Until now, surveys of food-insecure New Yorkers have focused on estimating the number of residents who have inconsistent or precarious access to food. This survey dives deep into the lived experiences of New Yorkers who are food insecure and contrasts them with the food-secure population. The ensuing report details the results of a 1,507-person state-wide survey. It describes the connections between food and New Yorkers' health, the multiple reasons why obtaining and preparing food can be difficult, and the perilous tradeoffs that

¹ U.S. Department of Agriculture, Economic Research Center. Definition of food security. April 2022. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/>. Accessed April 2022.

² Coleman-Jensen A, Rabbitt MR, Hashad RN, Hales L, Gregroy CA. Prevalence of household-level food insecurity and very low food security, average 2018-20. U.S. Department of Agriculture, Economic Research Center. April 22, 2022. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#map>. Accessed April 2022.

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

⁴ 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.

⁵ 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.

⁶ 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.

⁷ 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.



Executive Summary (continued)

individuals make to put meals on the table. It captures New Yorkers' experiences with safety net programs and their opinions about public policy actions; it also recommends steps to improve food security and health going forward.

Key Findings

Connections Between Food and Health

- Food-insecure individuals are twice as likely as food-secure individuals to rate their health as "fair" or "poor." Only 14% of food-insecure individuals report "excellent" health.
- Sixty-nine percent of food-insecure individuals report having at least one chronic physical or mental illness.
- Twenty-one percent of food-insecure individuals delay or skip medical care, and 13% delay or do not purchase prescription medication.

Barriers to Healthy Eating

- Approximately two-thirds of food-insecure individuals report that it is "extremely" or "somewhat" difficult to afford food.
- For a majority of food-insecure individuals, transportation is, at least sometimes, a barrier to getting the food they need.
- Fifty-eight percent of food-insecure individuals have trouble cooking at home. Time is the most consistently reported barrier, but basics like space for storage and lack of access to appliances are also problems.

Tradeoffs and Coping Strategies

- When shopping for groceries, 65% of food-insecure New Yorkers buy cheaper foods or foods on sale.
- Approximately half of food-insecure individuals eat less to stretch the food that they can afford.
- Other common coping mechanisms include buying generic brands and shelf-stable foods that don't go bad quickly.



Executive Summary (continued)

Public Benefit Programs

- Among food-insecure New Yorkers, one quarter (28%) did not participate in any emergency or food benefits program such as the Supplemental Nutrition Assistance Program (SNAP) or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in the last 12 months.
- Individuals who do participate in food benefits programs rate these programs highly.
- Eighty-nine percent of SNAP participants and 87% of WIC participants agree that the benefits are easy to use.
- Eighty-seven percent of families that participated in school meals in the last 12 months agree that the meals are helpful.

Policy Solutions

- New Yorkers overwhelmingly agree that the State should make lunch free for all students: 93% of food-insecure respondents and 83% of food-secure respondents support universal free school meals.
- Ninety-six percent of families who used the Pandemic Electronic Benefit Transfer (P-EBT) program, a cash benefits program that acted as an alternative to traditional school meals, say the program should be available every summer.
- Ninety-three percent of the individuals who participated in WIC during this period want the services made available during the pandemic, such as remote benefit issuance and re-enrollment, to be made permanent.
- New Yorkers agree that people should be able to apply for SNAP, WIC, and Medicaid through a single, streamlined application, and that it should be easier for families to use SNAP benefits to purchase groceries online.
- A majority of New Yorkers backs a statewide tax on sugar-sweetened beverage distributors that would support children's health efforts.



Executive Summary (continued)

Conclusions and Recommendations

While many studies focus on counting the population that is food insecure, this is the first major research effort to document the lived experiences of such New Yorkers. The results are clear: food insecurity is strongly associated with worse health.

Policymakers and health care providers in New York can take action to reduce food insecurity and its associated harms. As a first step, policymakers can work to maximize participation in SNAP and WIC. Targeting outreach, easing application and recertification burdens on eligible participants, and covering the costs of online grocery delivery could not only lower food insecurity rates but also decrease health care expenditures for the State. For families with children, policymakers can work to permanently extend universal school meals statewide and provide cash benefits like P-EBT over the summer.

To support food security programs, and in turn improve health, health care providers can implement food insecurity screening and referral processes. They can also support Food Is Medicine interventions, such as medically tailored meals. Advocating for Food Is Medicine programs to be eligible for Medicaid reimbursement could ultimately help connect people to the healthy food they need to thrive.



Introduction

Across New York State, food insecurity—the lack of consistent access to enough food for an active, healthy life—is prevalent, persistent, and costly.⁸ Prior to the pandemic, one in ten New Yorkers—nearly two million people—were food insecure.⁹ Low-income individuals, Hispanic and Black individuals, females, and individuals living in Bronx and Kings Counties were among those most likely to be food insecure.¹⁰

Public benefit programs like the Supplemental Nutrition Assistance Program (SNAP); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the National School Lunch and Breakfast Programs provide a critical safety net for hungry New Yorkers. But high costs of living in the State mean many continue to go without the food they need.

Rates of food insecurity are not likely to reverse any time soon. Food prices are currently the highest in decades and predicted to increase.¹¹ Since this survey was administered, food, gas prices, and inflation have risen drastically, making the situation likely even more dire than presented in this report.

Food insecurity jeopardizes New Yorkers' health. Individuals with uncertain access to food are more likely to have lower diet quality, higher rates of diet-related disease, and higher

⁸ U.S. Department of Agriculture, Economic Research Center. Definition of food security. April 2022. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/definitions-of-food-security/>. Accessed April 2022.

⁹ Coleman-Jensen A, Rabbitt MR, Hashad RN, Hales L, Gregroy CA. Prevalence of household-level food insecurity and very low food security, average 2018-20. U.S. Department of Agriculture, Economic Research Center. April 22, 2022. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/key-statistics-graphics/#map>. Accessed April 2022.

¹⁰ New York State Department of Health. Perceived food insecurity: New York State adults, 2016. U.S. Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System. No. 1810. https://www.health.ny.gov/statistics/brfss/reports/docs/1810_food_security.pdf. Accessed May 2022.

¹¹ U.S. Department of Agriculture, Economic Research Center. Food price outlook, 2022. April 25, 2022. <https://www.ers.usda.gov/data-products/food-price-outlook/summary-findings/#:~:text=All%20food%20prices%20are%20now,February%202022%20and%20March%202022>. Accessed April 2022.



Introduction (continued)

health care costs.^{12,13,14,15} A 2019 study estimated that in New York, the annual health care costs associated with food insecurity top \$3.4 billion, or approximately \$173 per person.¹⁶ These costs are likely even higher in 2022, given the ongoing COVID-19 pandemic and increasing food prices. Health care costs associated with food insecurity increase when food insecurity increases, possibly because tradeoffs between food and basics like medicine make managing chronic diseases more challenging.¹⁷

Understanding the lived experiences of food-insecure New Yorkers is key to developing policy solutions. When crafting policy, there is no substitute for listening to the voices of those directly affected. Based on the results of a 1,507-person statewide survey, this report details the connections between food and health, the reasons why obtaining and preparing food are difficult for food-insecure individuals, and the perilous tradeoffs that these individuals make to put meals on the table. It illustrates how food experiences differ for New Yorkers with chronic illnesses and those of different races and ethnicities. This report also presents New Yorkers' perspectives on food benefit programs and potential policies to alleviate food insecurity. Finally, it recommends actions to improve food security and health.

Complete data tables with survey responses referenced in this report are available in an online **Appendix**.

¹² Morales ME, Berkowitz SA. The relationship between food insecurity, dietary patterns, and obesity. *Curr Nutr Rep*. 2016 Mar;5(1):54-60.

¹³ 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.

¹⁴ 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.

¹⁵ 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.

¹⁶ 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.

¹⁷ Berkowitz SA, Seligman HK, Choudhry NK. Treat or eat: food insecurity, cost-related medication underuse, and unmet needs. *Am J Med*. 2014 Apr;127(4):303-310.e3.



Methods

To learn from individuals living with food insecurity, the New York Health Foundation (NYHealth) developed and commissioned a large statewide survey. Professional research firm Luminas initially conducted an online focus group with food-insecure individuals to determine potential participants' understanding of both the survey questions and response options. During the focus group, Luminas reviewed select survey questions and asked a series of related follow-up questions. Participants were reimbursed for their time.

Following the focus group, survey respondents were recruited from online panels. All respondents completed USDA's Six-Item Short Form Food Security Survey Module, identified their state of residence (New York), and provided their age (18 or greater) to determine eligibility for the larger survey.¹⁸ The USDA food insecurity and security definitions were used to determine which respondents were food secure versus food insecure. Respondents who answered "yes" or "often or sometimes true" to two or more of the six-item screener were considered food insecure.¹⁹

A total of 1,507 New York adults completed the online survey (500 food secure; 1,007 food insecure), available in both English and Spanish. The survey was conducted November 24 through December 6, 2021 and took approximately 12 minutes to complete.

Survey data were weighted by gender, race, ethnicity, education, and household income to reflect New York State's population. The benchmark weight targets were drawn from the 2019 U.S. Census for New York State. Approximate margins of error for this study appear in Table 1.

TABLE 1: Margins of Error for NYHealth Survey of Food and Health

Sample Size	Sampling Error
n=500 (food secure)	+/- 4%
n=1000 (food insecure)	+/- 3%
n=1,500+ (food secure + insecure)	+/- 3%

Source: Margins of error estimated by Luminas, LLC.

¹⁸ U.S. Department of Agriculture, Economic Research Service. U.S. household food security survey module: six-item short form. September 2012. <https://www.ers.usda.gov/media/8282/short2012.pdf>. Accessed April 2022. Note that two questions were combined into one as discussed in the documentation, so only five food security screener questions were used in this survey.

¹⁹ USDA defines food insecurity as a household-level economic and social condition of limited or uncertain access to adequate food. Food security occurs when individuals have consistent, dependable access to enough food for active, healthy living.



Results

Connections Between Food and Health

Food-Insecure New Yorkers Are Twice as Likely to Report Unsatisfactory Health

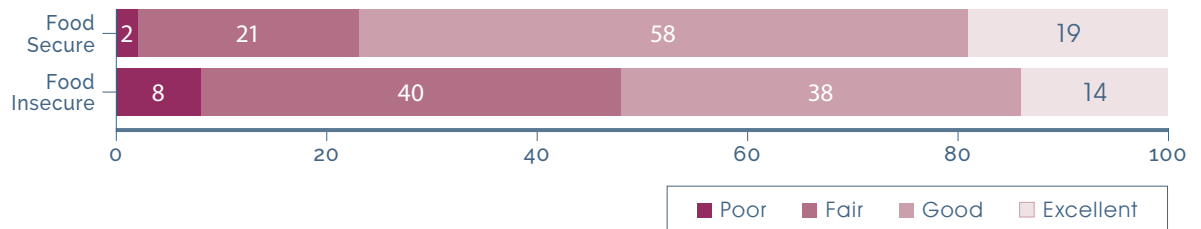
In New York State, nearly half of all food-insecure individuals (48%), compared with 23% of food-secure individuals, rate their health as “fair” or “poor.” Among food-insecure New Yorkers, people of different races and ethnicities perceive their health differently: 56% of Asian, 51% of Hispanic, 49% of Black, and 45% of white respondents report their health as “fair” or “poor.”

Nearly half of all food-insecure individuals (48%), compared with 23% of food-secure individuals, rate their health as “fair” or “poor.”

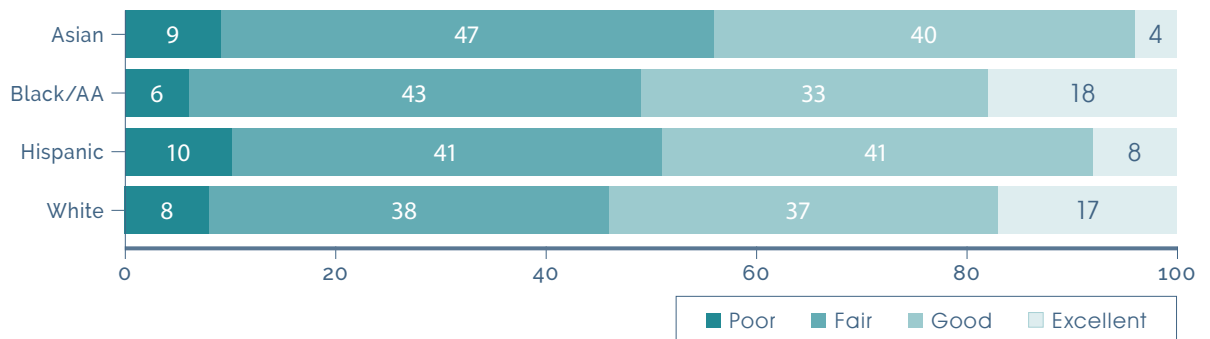
Only 14% of food-insecure individuals report “excellent” health. Self-reported health is proven to be reliable. People who rate their health as “poor” have a mortality risk rate that is twice the rate of people who rate their health as “excellent.”²⁰

FIGURE 1: Food Security and Health Status

SELF-REPORTED HEALTH (OVERALL)



SELF-REPORTED HEALTH BY RACE (FOOD INSECURE)



²⁰DeSalvo KB, Bloser N, Reynolds K, He J, Muntner P. Mortality prediction with a single general self-rated health question. A meta-analysis. *J Gen Intern Med.* 2006 Mar;21(3):267-75.

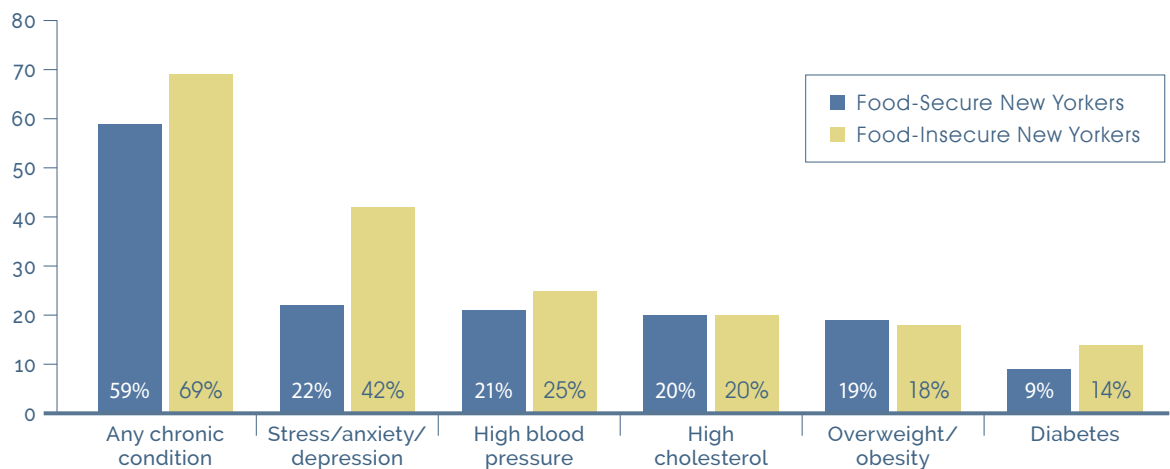


Results (continued)

Food-Insecure New Yorkers Experience Chronic Illness at High Rates

Sixty-nine percent of food-insecure individuals report having at least one mental or physical chronic illness.²¹ This rate is notably higher than the rate for food-secure New Yorkers (59%). For both populations, stress, anxiety, and depression are the most common health conditions. Among food-insecure New Yorkers, other commonly reported health conditions include high blood pressure, high cholesterol, overweight/obesity, and diabetes.

FIGURE 2: Food Security and Chronic Illness



Food-Insecure New Yorkers Sacrifice their Health Care

To feed their families, food-insecure individuals may sacrifice their health care. Twenty-one percent delay or skip medical care, and 13% delay or do not purchase prescription medication. For chronically ill food-insecure individuals, these rates are even higher. Twenty-three percent of such individuals—individuals more likely to need medical care and medicine—delay or skip medical care, and 16% delay or simply do not buy prescription medicine.

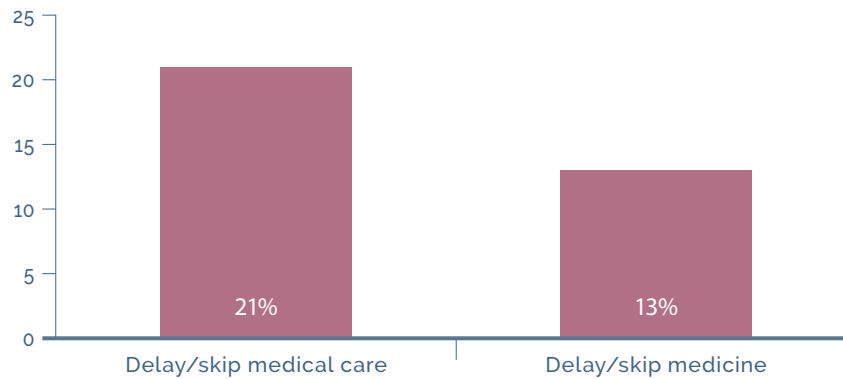
Twenty-three percent of chronically ill food-insecure New Yorkers delay or skip medical care, and 16% delay or simply do not buy prescription medicine.

²¹ Respondents reported the following chronic illnesses: attention deficit hyperactivity disorder, cancer, diabetes, heart disease, high blood pressure, high cholesterol, muscle strength/mobility issues, osteoporosis, overweight/obesity, stress/anxiety/depression, stroke, and other.



Results (continued)

FIGURE 3: Health Care Sacrifices Among Food-Insecure New Yorkers



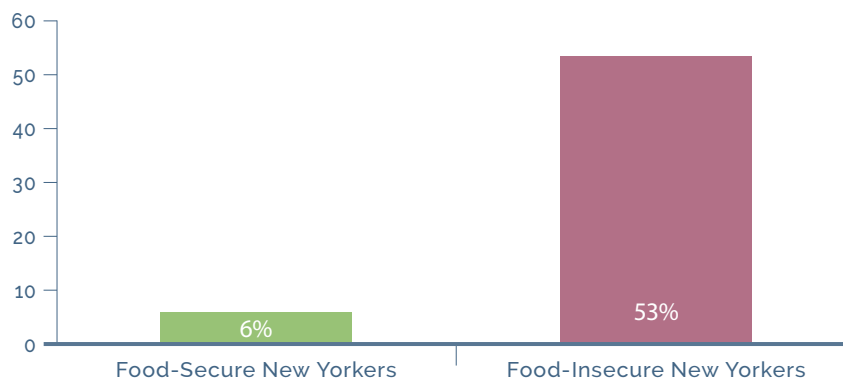
Barriers To Healthy Eating

Food-Insecure New Yorkers Are Nearly Nine Times as Likely to Report Difficulty Obtaining Food

Many New Yorkers live on the edge of hunger. More than half of food-insecure individuals (53%), compared with just 6% of food-secure individuals, report that it is “extremely” or “somewhat” difficult to get the food they need. According to one survey respondent, “We have had to go without food many nights.” Not surprisingly, lack of money is the most frequently cited difficulty. Transportation and lack of healthy, high-quality options are also common challenges.

“We have had to go without food many nights.”

FIGURE 4: New Yorkers Who Say it Is Extremely/Somewhat Difficult to Get Food



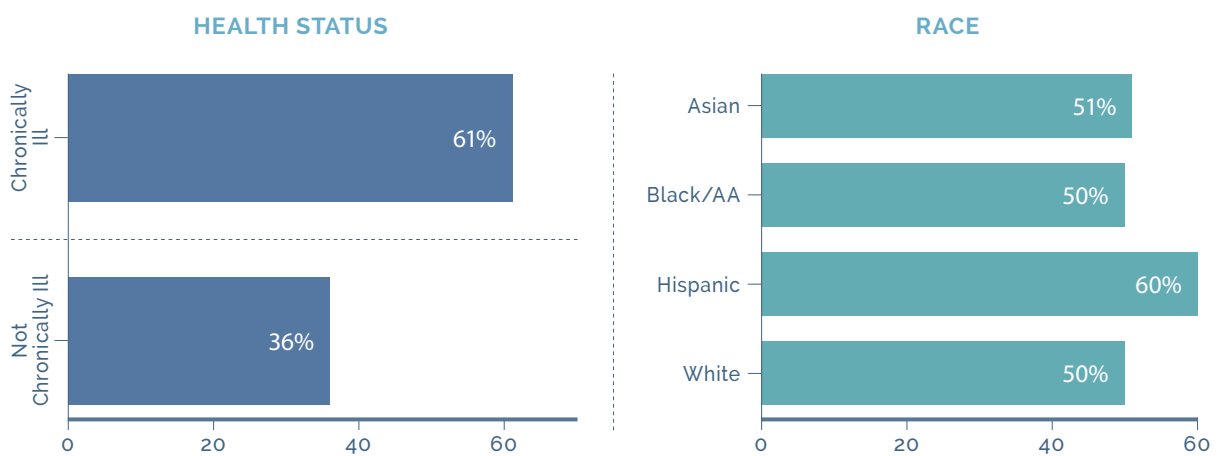


Results (continued)

Chronically Ill and Hispanic Individuals Are More Likely to Face Barriers Getting Food

Among the food-insecure population, there are notable differences in the degree of difficulty obtaining food based on health status, as well as race and ethnicity.

FIGURE 5: Food-Insecure New Yorkers Who Say Getting Food Is Extremely or Somewhat Difficult



Cost Is a Major Barrier for Two of Every Three Food-Insecure New Yorkers

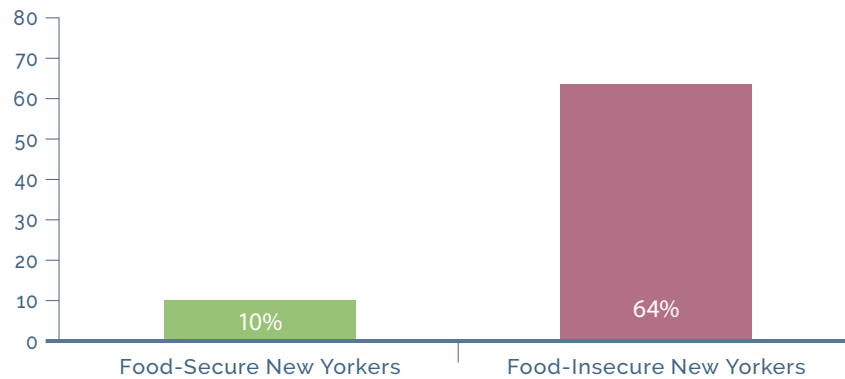
Cost is the main barrier when it comes to New Yorkers getting the food they need. Two-thirds (64%) of all food-insecure individuals report that it is “extremely” or “somewhat” difficult to afford. “Weeks in between paychecks had the refrigerator kind of empty at times,” revealed one survey respondent. “We have access to the food but not the finances to purchase it,” explained another.

“Weeks in between paychecks had the refrigerator kind of empty at times.”



Results (continued)

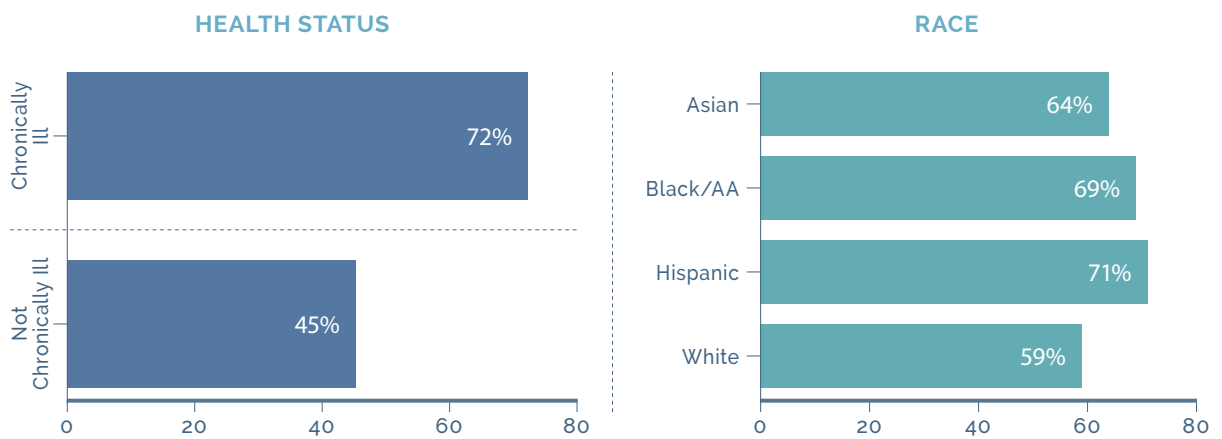
FIGURE 6: New Yorkers Who Say Affording Food is Extremely or Somewhat Difficult



For chronically ill food-insecure individuals, 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." Differences affording food also vary by race and ethnicity.

For chronically ill food-insecure individuals, affording food is especially difficult: 72% struggle to afford the food they need.

FIGURE 7: Food-Insecure New Yorkers Who Say Affording Food Is Extremely or Somewhat Difficult





Results (continued)

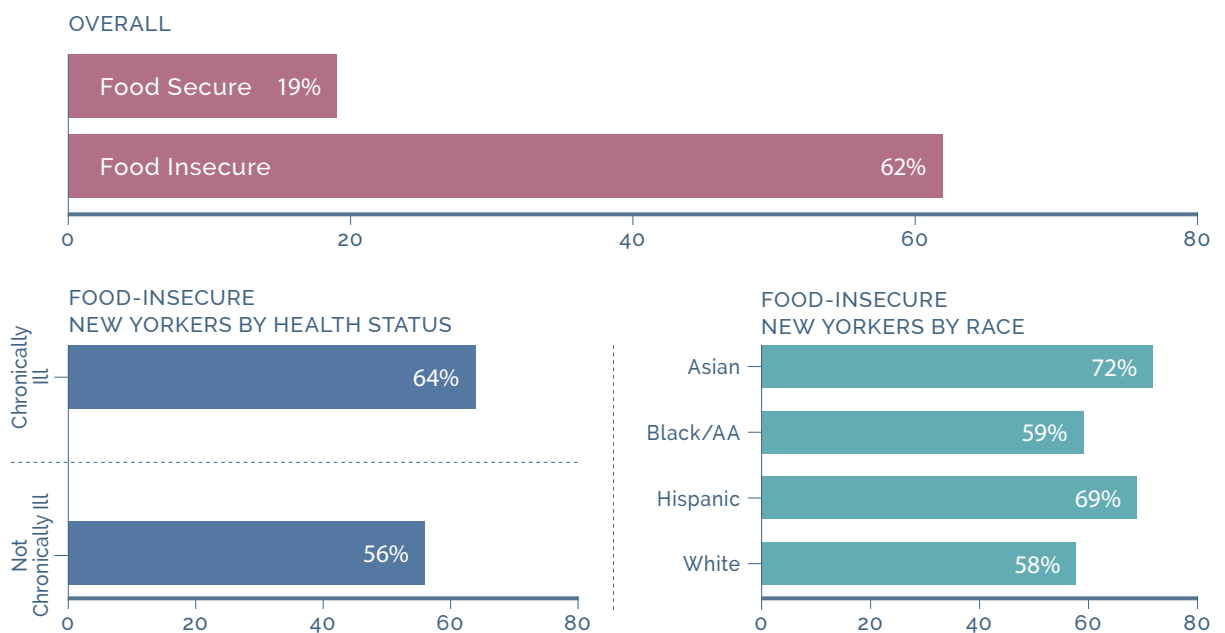
For Food-Insecure Individuals, Transportation Is a Common Barrier to Getting Groceries

A majority of food-insecure individuals (62%) report that transportation is, at least sometimes, a barrier to getting the food they need. The same is true for only 19% of individuals who are food secure.

The degree to which transportation is a barrier to healthy eating varies by health status, as well as race and ethnicity. For example, two-thirds (64%) of chronically ill food-insecure individuals have difficulty getting the food they need, at least some of the time. "We are both disabled and live on food stamps. We don't drive, so getting to a food pantry is almost impossible," one individual explained. Food-insecure individuals who are Asian or Hispanic are more likely to have trouble with transportation, and food-insecure individuals who are Black or white less likely, though still a majority.

"We are both disabled and live on food stamps. We don't drive, so getting to a food pantry is almost impossible."

FIGURE 8: New Yorkers Who Say Transportation Is Sometimes, Often, or Always a Barrier to Getting Groceries

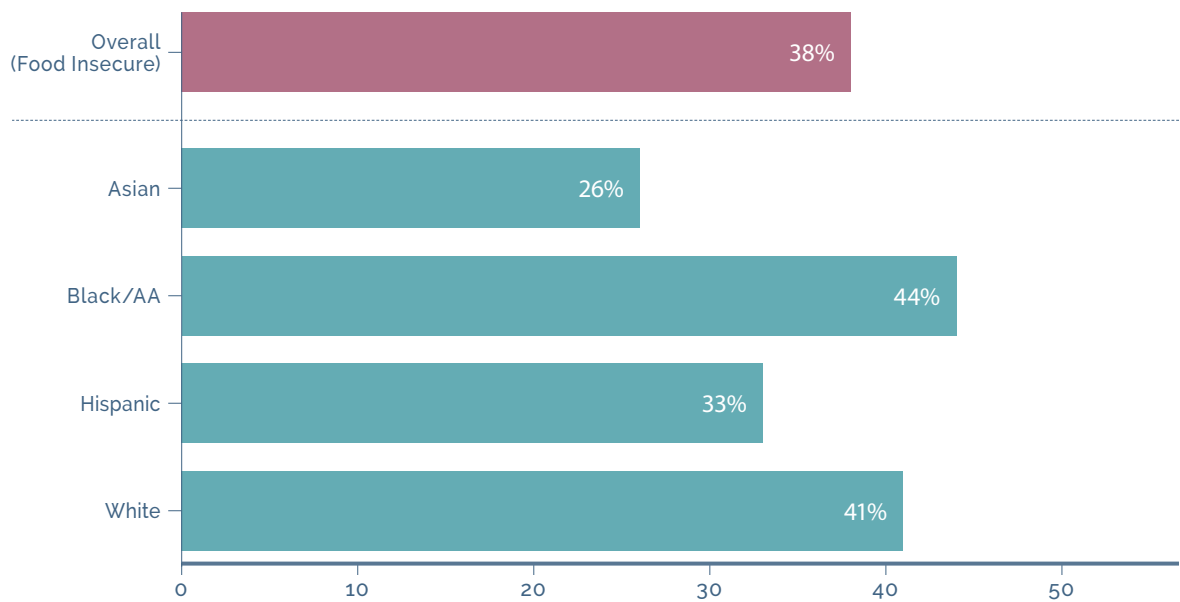




Results (continued)

Travel time to obtain food can be lengthy. Approximately 4 of every 10 food-insecure individuals (38%) travel more than 20 minutes each way to shop for food. These rates differ by race and ethnicity.

FIGURE 9: Food-Insecure New Yorkers Who Say They Travel >20 Minutes to Shop for Food

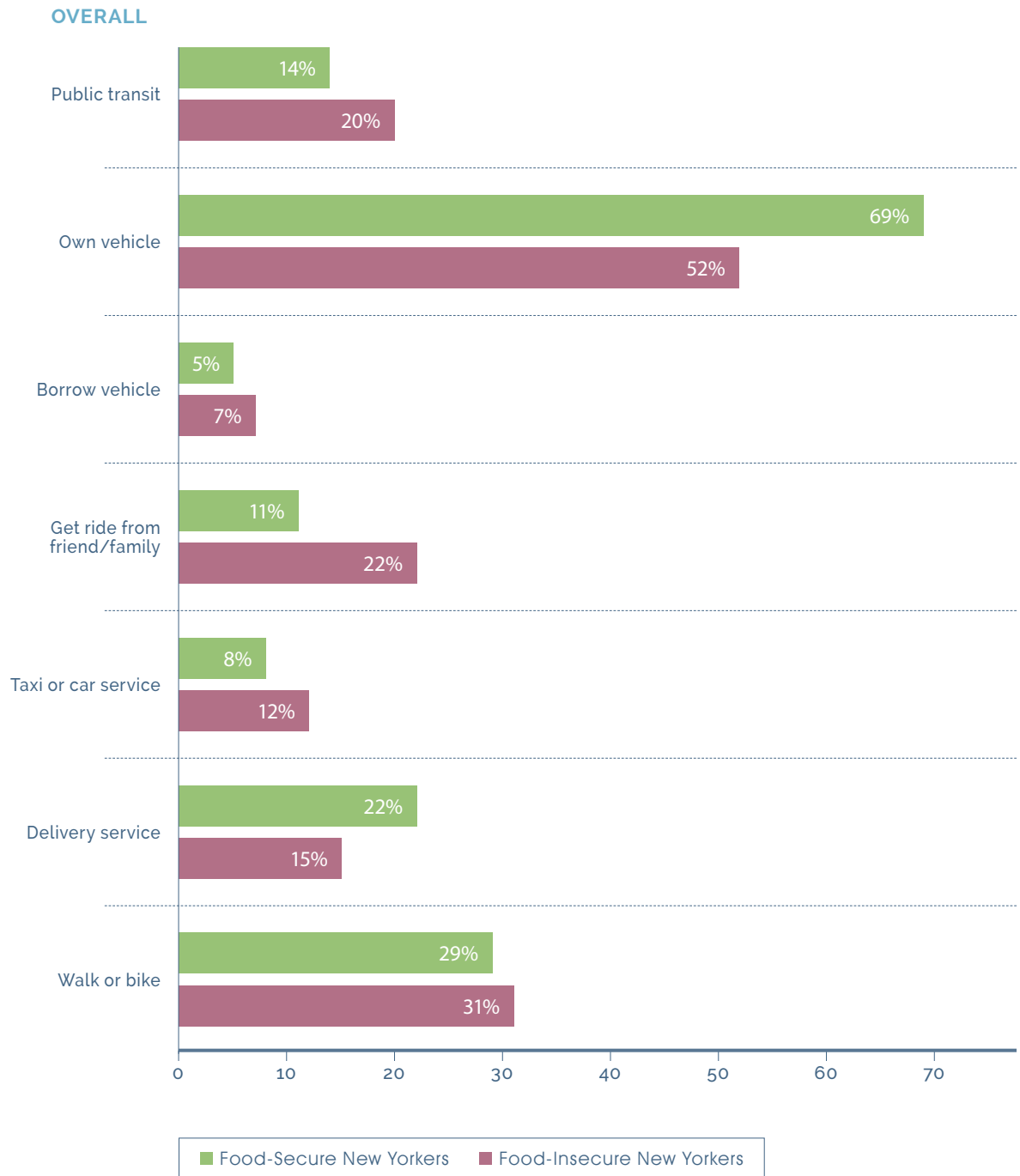


Access to a reliable means of transportation is another obstacle. For food-insecure individuals, using their own vehicle, walking or biking, and getting a ride from a friend or family member are the most common means of transportation, followed by public transportation. Reliance on public transportation can restrict the food and beverages individuals purchase, as one survey respondent revealed: "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."



Results (continued)

FIGURE 10: How New Yorkers Get to Food Stores

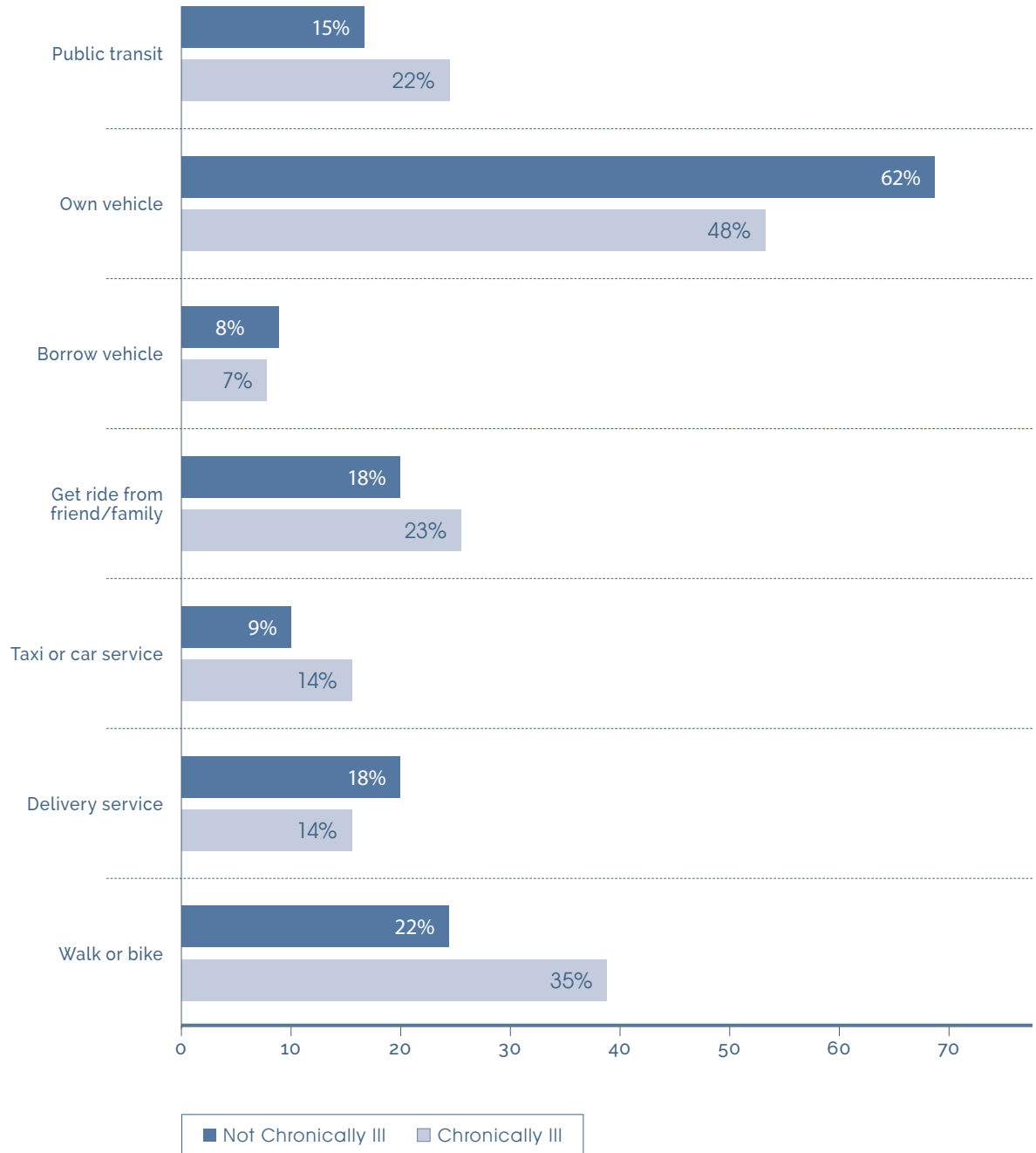




Results (continued)

FIGURE 10: How New Yorkers Get to Food Stores (continued)

FOOD-INSECURE NEW YORKERS BY HEALTH STATUS

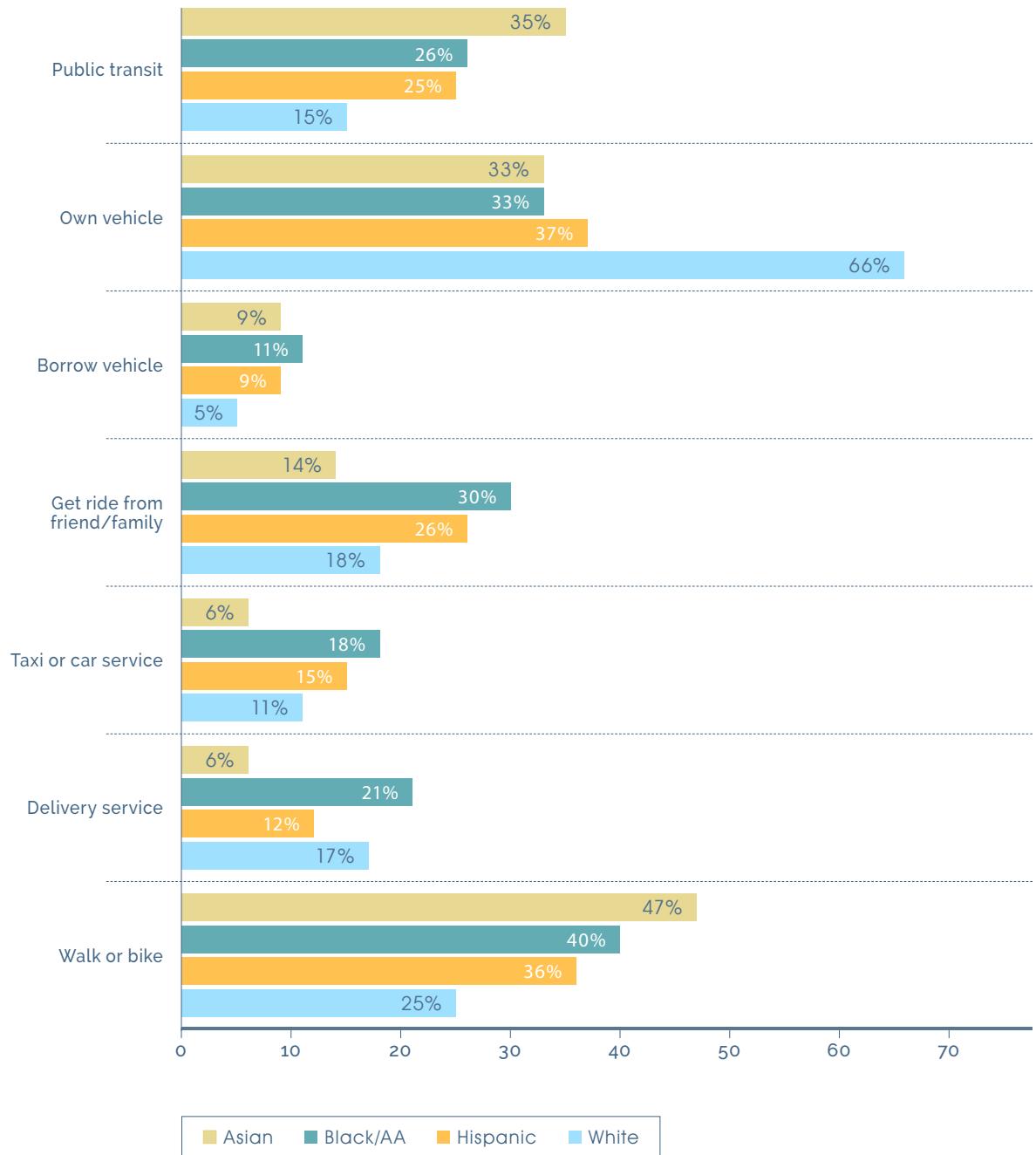




Results (continued)

FIGURE 10: How New Yorkers Get to Food Stores (continued)

FOOD-INSECURE NEW YORKERS BY RACE



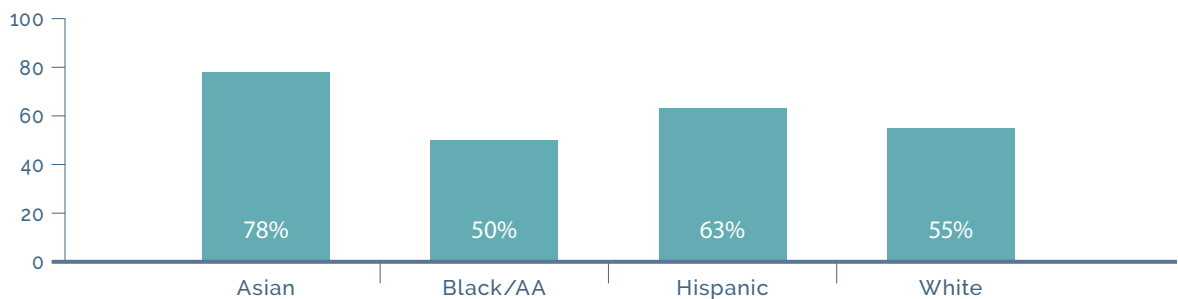


Results (continued)

Most Food-Insecure New Yorkers Face Barriers to Cooking at Home

Even after obtaining the food they need, food-insecure individuals face challenges that affect their diet, and consequently their health. A majority (58%) of food-insecure individuals have trouble cooking at home, with considerable racial and ethnic variation. Lack of time as well as lack of basics like cooking equipment make food preparation difficult.

FIGURE 11: Food-Insecure New Yorkers Who Have Difficulty Cooking at Home

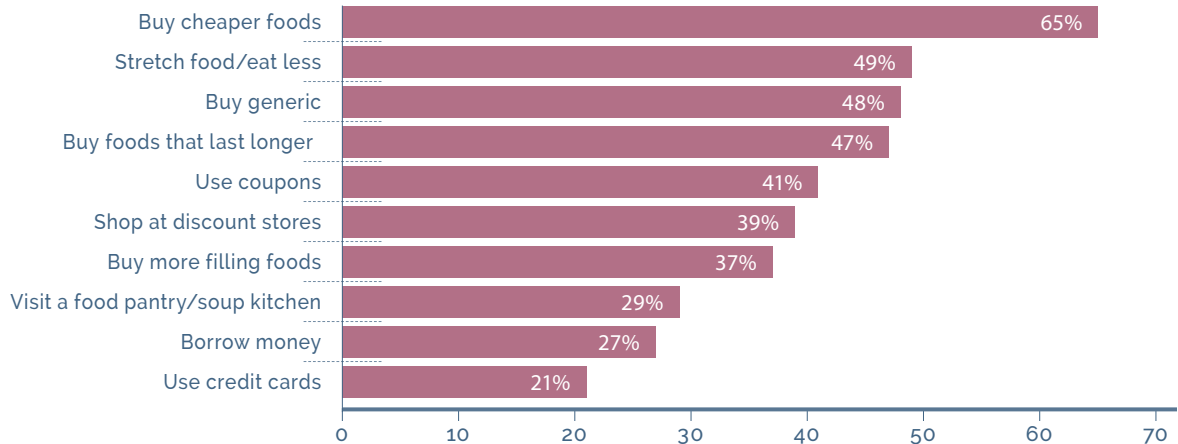


Tradeoffs and Coping Strategies

New Yorkers Make Tough Tradeoffs to Afford Food

When purchasing and planning meals, individuals struggling to afford food make a variety of tough tradeoffs. Diet quality can suffer. For example, individuals buy cheaper foods or foods on sale, eat less to stretch the food that they can afford, and buy generic brands or shelf-stable foods that don't go bad quickly.

FIGURE 12: Tradeoffs Food-Insecure New Yorkers Make to Afford Food





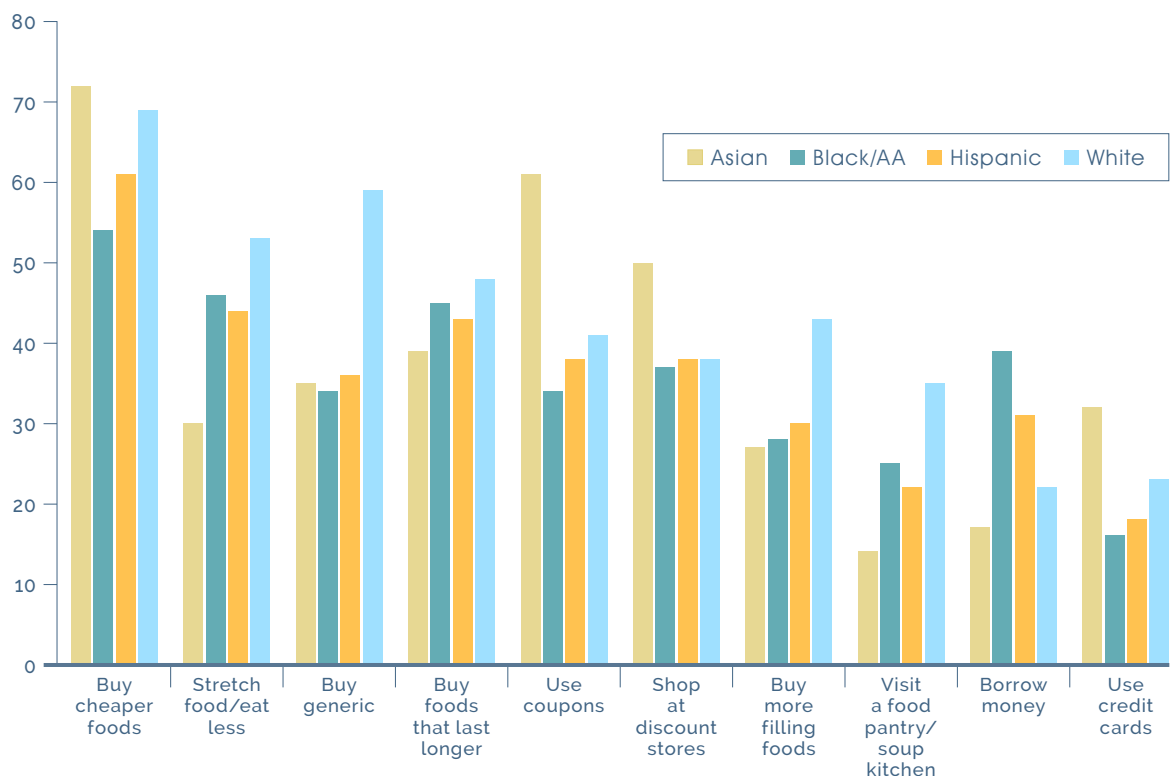
Results (continued)

Black and Hispanic individuals struggling to afford food tend to make tradeoffs in rates and patterns similar to those described above, but Asian individuals' behaviors differ slightly. As common cost-saving measures, Asian individuals struggling to afford food are more likely to use coupons (61%) and shop at discount stores (50%), but less likely to stretch food by eating less (30%) or to visit a food pantry (14%).

These tradeoffs can take a toll on individuals' health. One survey respondent said, "Healthier foods are more expensive, so we resort to cheaper unhealthy foods." Another said, "We do not have a lot of money to purchase as much fresh produce as we'd like, so we are often left purchasing cheap, ready-made, or microwave meals."

"We do not have a lot of money to purchase as much fresh produce as we'd like, so we are often left purchasing cheap, ready-made, or microwave meals."

FIGURE 13: Tradeoffs Among Food-Insecure New Yorkers, by Race and Ethnicity

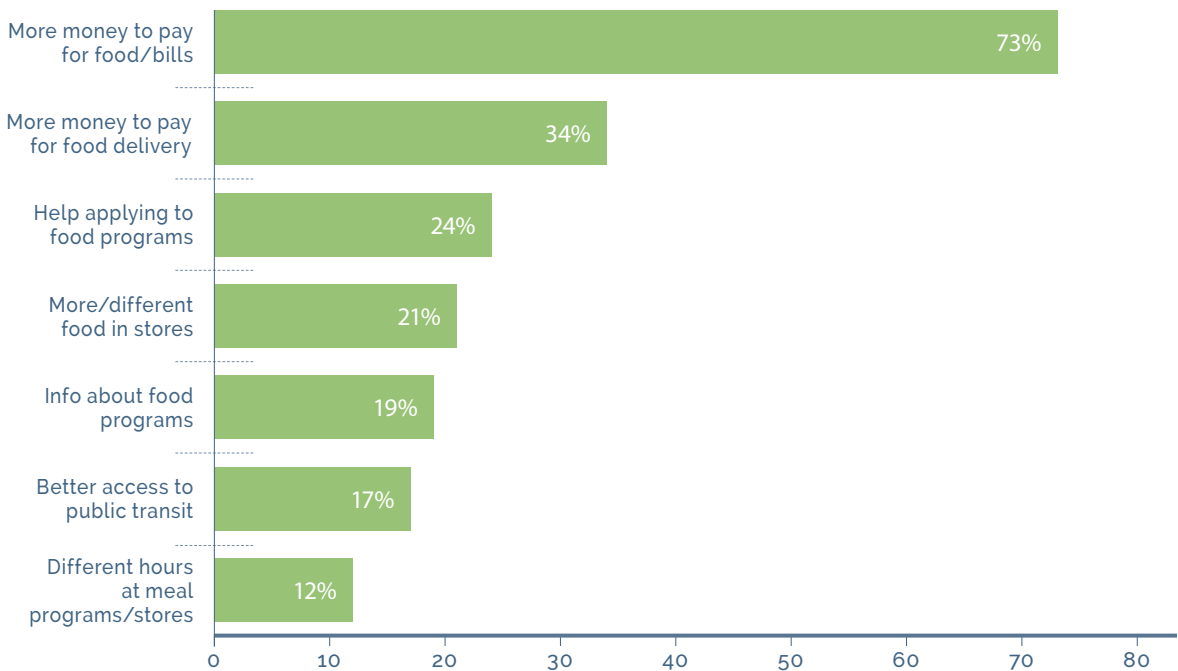




Results (continued)

When asked what could help them overcome barriers to get the food they need, food-insecure individuals unsurprisingly say they need more money. But other solutions are also desired, including financial support for food delivery, help applying for benefits, and improved transportation access.

FIGURE 14: Solutions to Help Food-Insecure New Yorkers Overcome Barriers to Food



Public Benefit Programs

New Yorkers Participating in Food and Nutrition Programs Rate Them Highly

Food and nutrition programs are available to help New Yorkers access the food they need, in many cases increasing their food budgets. Individuals who participate in such programs rate these programs highly. Eighty-nine percent of SNAP participants and 87% of WIC participants agree that the benefits are easy to use. Eighty-two percent of WIC participants also agree that their local stores carry enough WIC-approved items.

Despite their popularity and effectiveness, program benefits are not always sufficient. Nearly half of SNAP participants and 28% of WIC participants say the benefits are not



Results (continued)

enough to meet their household's needs. According to one survey respondent, "We get food stamps, and sometimes it doesn't last with what we need for the four of us."

"We get food stamps, and sometimes it doesn't last with what we need for the four of us."

To improve the program, individuals suggest increasing the benefits. Other popular suggestions include improving application and distribution methods (e.g., shorter approval timeline, multiple disbursements per month), expanding the types of items individuals can buy with SNAP and WIC (e.g., hot foods, milk of a different fat content), and expanding participant eligibility requirements (e.g., increase the income limit).

FIGURE 15: SNAP and WIC Participants Who Agree Benefits Are Easy to Use



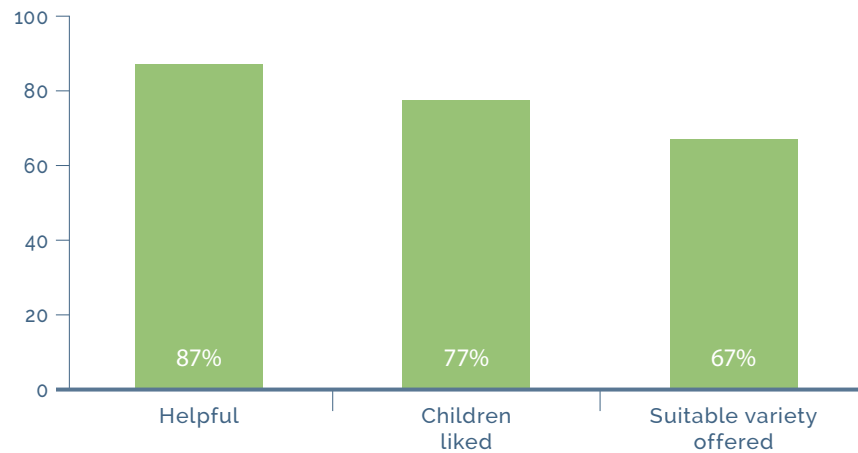
School meal programs also serve as a vital safety net. Eighty-seven percent of families that participated in school meals in the last 12 months agree that the meals are helpful. Three-quarters (77%) of participating parents say their children like the meals provided. And two-thirds (67%) agree that an adequate variety of meals is offered, reflecting cultural differences and religious dietary needs.

The most significant differences in participating families' perceptions of school meals are by race and ethnicity. Approximately 80% of white families approve of the variety school meals provided, compared with 58% of Hispanic, 45% of Black, and only 37% of Asian families. Similarly, 87% of white, 73% of Hispanic, 55% of Black, and 52% of Asian families say their children like the meals offered.



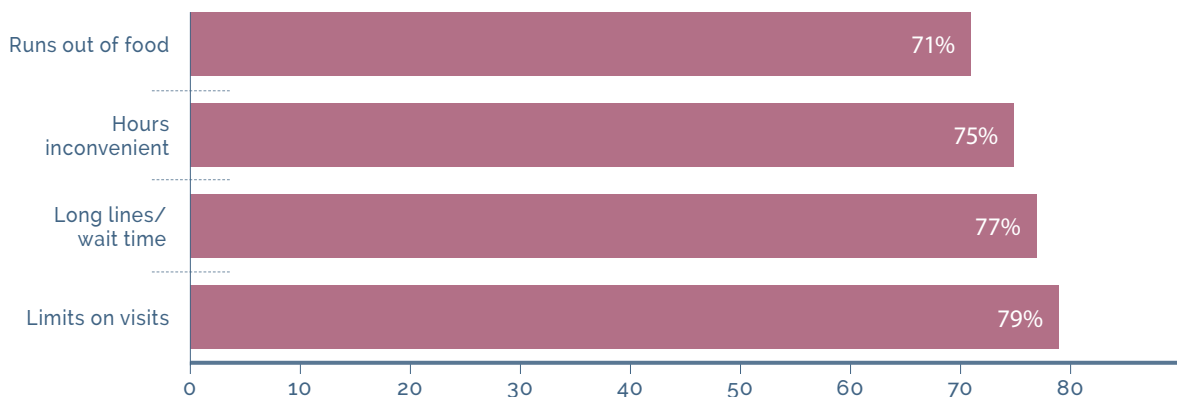
Results (continued)

FIGURE 16: Parents of School Meal Recipients' Perceptions of School Meals



Food pantries and food banks also help to fill in gaps. Of those who visited a food pantry or bank in the last year, a majority are happy with the food available. Two-thirds of individuals say that the pantries have food their families like to eat and that the food is of good quality. But getting that food is no easy feat. About three-quarters of food pantry clients report that these facilities limit the number of times they can visit, have long lines and wait times, have inconvenient or limited hours, and often run out of food.

FIGURE 17: Challenges Cited by New Yorkers Who Use Food Pantries or Food Banks





Results (continued)

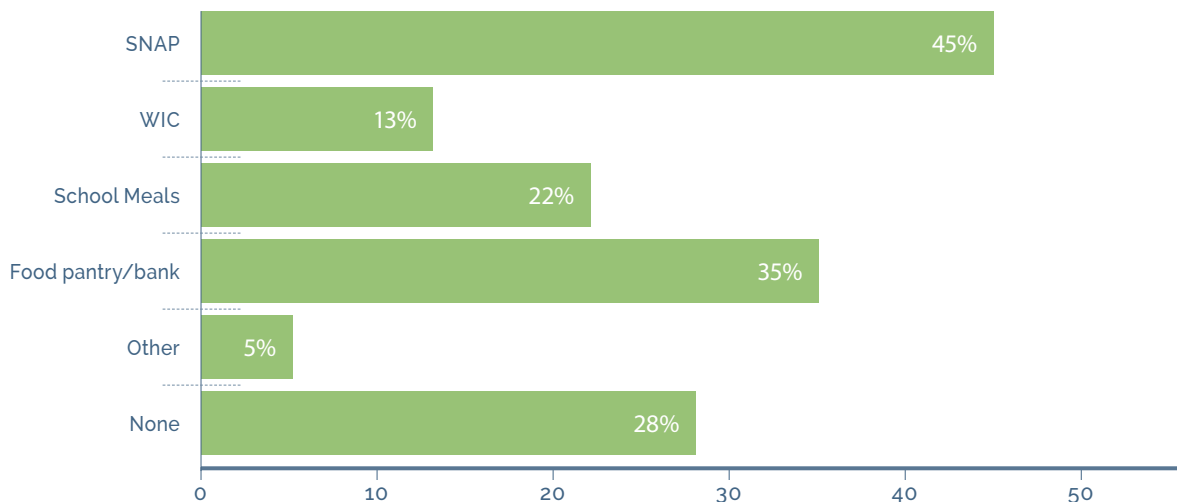
Food and Nutrition Programs Are Underutilized

Despite the crucial role that food and nutrition programs play, some food-insecure individuals are not eligible, and many of the programs available are under-enrolled. Of the New Yorkers who identify as food insecure, 28% did not participate in any benefits or emergency food program in the last 12 months.

It is important to note that not all food-insecure New Yorkers are eligible for any or all of these programs. For example, only adults who are pregnant or breastfeeding, infants, and children up to age 5 can participate in the WIC program, so naturally the percentage of people enrolled in that program is smaller than others. An upcoming NYHealth brief will provide a more detailed look at New Yorkers' participation in and experience with food and nutrition programs.

Of the New Yorkers who identify as food insecure, 28% did not participate in any benefits or emergency food program in the last 12 months.

FIGURE 18: Food-Insecure New Yorkers' Use of Food and Nutrition Programs



Just about half of food-insecure individuals (45%) participated in SNAP. The population of eligible but unenrolled individuals in New York is low, suggesting that the federal eligibility criteria prevent many food-insecure individuals in the State, where the cost of living is high.

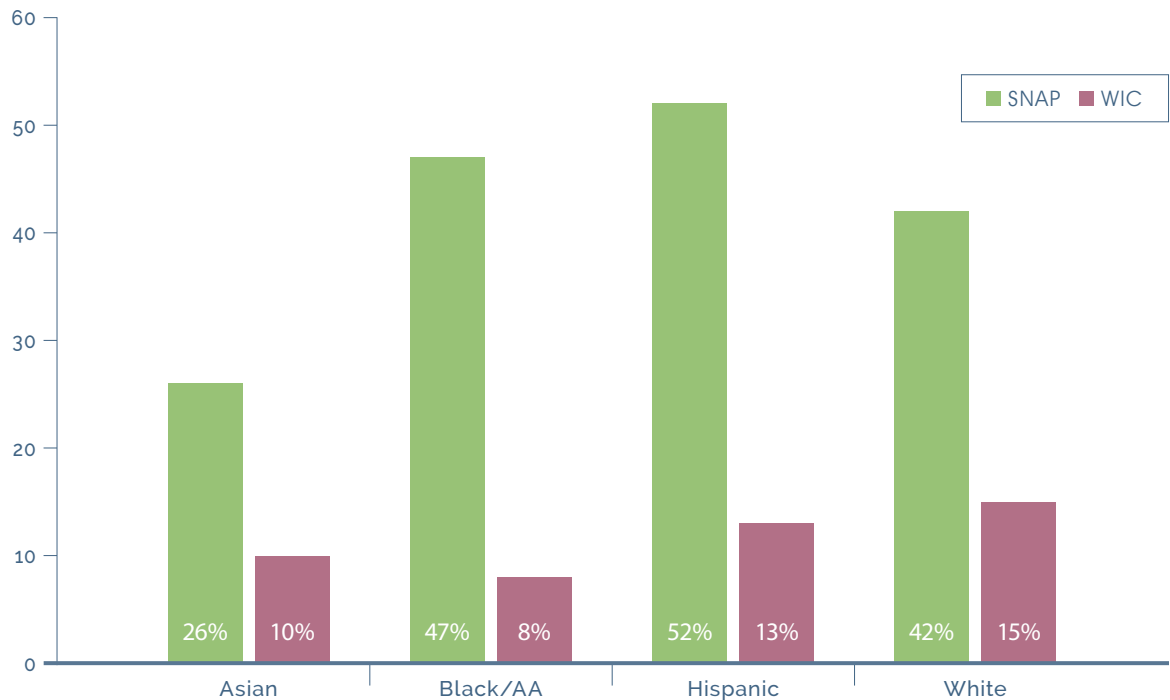


Results (continued)

from participating in the program. Participation varies by health status, as well as race and ethnicity. Chronically ill food-insecure individuals were slightly more likely to participate than peers without a chronic illness. Notably, Hispanic individuals were twice as likely as Asian food-insecure individuals to use SNAP; white and Black families participate in rates slightly lower than Hispanic families.

One-third (35%) of food-insecure New Yorkers visited a food pantry or food bank. Even smaller percentages of food-insecure families used the school meal programs (22%) and WIC (13%), both of which are only available to a smaller subset of the population. Participation in WIC varied by race and ethnicity: white food-insecure respondents are more likely to participate in WIC compared with Hispanic, Asian, and Black individuals. More than 90% of Asian and white individuals find WIC easy to use, compared with approximately three-fourths of Black and Hispanic food-insecure individuals.

FIGURE 19: Food-Insecure New Yorkers' Participation in SNAP and WIC, by Race and Ethnicity

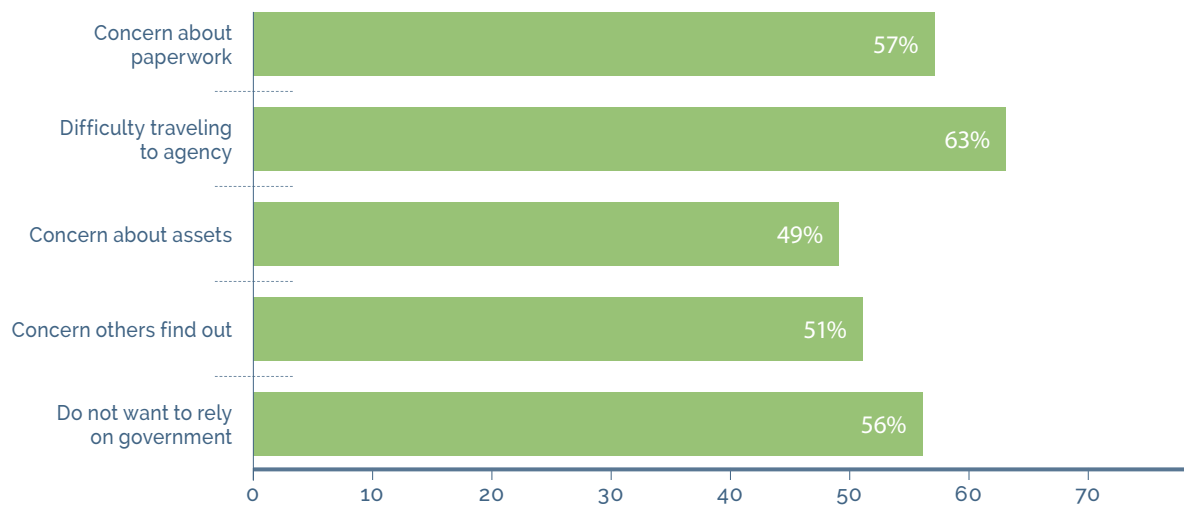




Results (continued)

Food-insecure New Yorkers cite a variety of barriers to program participation. To apply or recertify, 63% of food-insecure individuals say that travel to the benefits offices is problematic. A majority worry about the required paperwork, and half are concerned that they earn too much to qualify. Stigma is another major barrier. Half of food-insecure individuals (51%) also worry that people will find out they participate in food benefit programs and do not want to rely on government programs.

FIGURE 20: Food-Insecure New Yorkers' Top Concerns about Using Food and Nutrition Programs



Policy Solutions

Some COVID-Related Policies Should be Made Permanent

New Yorkers support numerous policies that could reduce hunger and improve health. Participants in public benefit programs suggest improving them by making permanent many of the temporary changes put in place during the COVID-19 pandemic. For example, 96% of families who used the Pandemic Electronic Benefit Transfer (P-EBT) program, a cash benefits program that acted as an alternative to traditional school meals, think the program should be available every summer. And, of the individuals who participated in WIC during this period, an overwhelming majority—93%—want the temporary services made available during the pandemic, such as remote benefit issuance and re-enrollment, to be permanent.

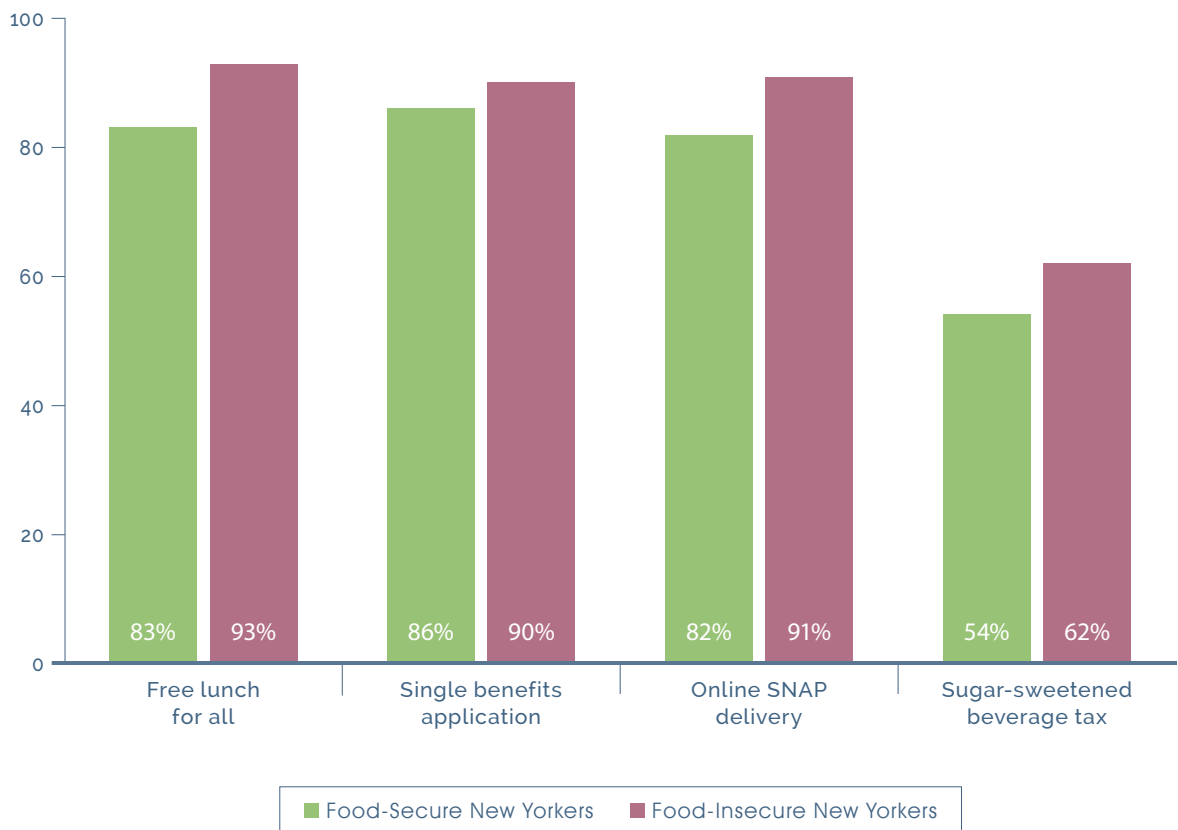


Results (continued)

Both food-insecure and food-secure individuals overwhelmingly agree that New York State should make lunch free for all students (93% of food-insecure respondents, 83% of food-secure respondents).

Both food-insecure and food-secure individuals overwhelmingly agree that New York State should make lunch free for all students (93% of food-insecure respondents, 83% of food-secure respondents). Respondents also agree that people should be able to apply for SNAP, WIC, and Medicaid through a single, streamlined application, and that it should be easier for families to use SNAP benefits to purchase groceries online. A majority also approves of a statewide tax on sugar-sweetened beverage distributors that would support children's health efforts.

FIGURE 21: New Yorkers Who Agree/Strongly Agree With Policies to Reduce Food Insecurity and Improve Health





Conclusions and Recommendations

While many studies focus on counting the population that is food insecure, this is the first major research effort to document the lived experiences of food-insecure New Yorkers. The results are clear: food insecurity is strongly associated with worse health. Food-insecure New Yorkers are more likely to be in poor health and living with one or more chronic illnesses.

Barriers to getting the food they need to thrive include a lack of money, lack of transportation, and difficulties cooking at home. To feed themselves and their families, food-insecure New Yorkers sacrifice medical care and fail to fill prescriptions. They also rely upon nutrition and food programs that serve as a crucial safety net, but which could also be improved. New Yorkers—both food-secure and food-insecure—overwhelmingly support actions that could help to alleviate food insecurity in New York State.

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Policymakers in New York can take actions to improve federal food security programs like SNAP, WIC, and school meals. They also should continue to support State programs like Nourish New York. Specifically, government officials should:

- **Increase outreach, including targeted outreach, for SNAP and WIC.** A first step to reducing food insecurity is to maximize participation in federal programs. USDA estimates that 41% of New Yorkers eligible for WIC and 11% of New Yorkers eligible for SNAP do not participate.^{22,23} New York recently secured a \$10 million contract from USDA to increase WIC outreach and has a longstanding contract with USDA to do the same for SNAP. New York should continue to invest in outreach; increasing participation in these programs could reduce food insecurity without considerable additional cost to the State.

²² U.S. Department of Agriculture, Food and Nutrition Service. SNAP participation rates by state, all eligible people. 2020. <https://www.fns.usda.gov/usamap#>. Accessed April 2022.

²³ U.S. Department of Agriculture, Food and Nutrition Service. WIC 2019 eligibility and coverage rates. April 22, 2022. <https://www.fns.usda.gov/wic/2019-eligibility-coverage-rates#7>. Accessed April 2022.



Conclusions and Recommendations (continued)

Research has found that fewer than 40% of food-insecure individuals have private health insurance, suggesting that public health care programs shoulder much of the cost.²⁴ Working to maximize uptake of federal nutrition programs could not only lower food insecurity rates, but also decrease health care expenditures for the State.

- **Make application and recertification measures easier for SNAP and WIC participants.** Nine out of ten New Yorkers agree that the State should create a single, streamlined application for SNAP, WIC, and Medicaid. There is also broad support to make measures enacted during the COVID-19 pandemic permanent. Some measures, like SNAP remote interviews and use of telephonic signatures, officials should choose to keep. Other measures, like WIC remote benefit recertification and benefit boosts for produce, New York officials should advocate to USDA for their continuation.
- **Work with federal partners to cover the costs of online grocery delivery.** Transportation remains a major barrier for many food-insecure individuals, and grocery delivery costs can put online ordering out of reach. Currently, SNAP participants can use benefits online at select retailers, and USDA is working to bring similar systems to WIC. More than 90% of food-insecure and 80% of food-secure New Yorkers support this action for SNAP.
- **Make universal school meals permanent.** New York State should continue to push the federal government to extend universal school meals permanently. In the absence of federal action, New York should consider covering the cost. Several states, including California and Maine, recently committed to provide free school meals for all students when the federal universal meals program ends, and a majority agree New York should follow suit.
- **Explore ways to prevent food insecurity in the summer.** Ninety-six percent of New York families that participated think the federal P-EBT program should be extended. The State should consider ways to provide cash benefits to students' families over the summer in the absence of federal action.

Health care providers can support food security programs, and in turn improve health, through the following actions:

- **Implement food insecurity screening and referral processes.** Health care providers do not routinely screen for food insecurity, despite the high health care costs associated

²⁴ Berkowitz, 2019.



Conclusions and Recommendations (continued)

with the condition. Seventy-one percent of food-insecure individuals 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.

- **Support Food Is Medicine interventions, such as medically tailored meals.**

A growing body of evidence shows Food Is Medicine programs reduce food insecurity and increase health. New York State is piloting a regulatory option in Medicaid managed care that allows health plans to pay for non-medical services like meals when medically appropriate and cost effective. Insurers and health care providers can support this movement, advocating that the State make Food Is Medicine programs permanently eligible for Medicaid reimbursement.



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VOICE:
212-664-7656

FAX:
646-421-6029

MAIL:
1385 Broadway,
23rd Floor
New York, NY 10018

WEB:
www.nyshealth.org