Joint Committee on Public Health

October 7, 2021

RE: Written testimony in support of H.2298/S.1403

Chairwoman Comerford, Chairwoman Decker, and distinguished members of the Joint Committee on Public Health:

Thank you for the opportunity to submit testimony on behalf of Children’s HealthWatch, based at Boston Medical Center, in strong support of An Act relative to establishing a Food and Health Pilot Program (H.2298/S.1403). As a nonpartisan network of pediatricians, public health researchers, and children’s health and policy experts committed to improving children’s health in America, we understand the harmful health and economic consequences of food insecurity and diet-related illness. Our research demonstrates that children and their families need access to healthy food throughout their lifetimes to thrive. Currently, the state has an opportunity to implement an innovative pilot program that would simultaneously address food insecurity and chronic disease among low-income households and equip healthcare systems with evidence of the effectiveness of medically tailored nutrition programs to improve health outcomes and decrease the cost of care.

The mission of Children’s HealthWatch is to improve the health and development of young children by informing policies that address and alleviate economic hardships. We accomplish this mission by interviewing caregivers of young children on the frontlines of pediatric care in urban emergency departments and primary care clinics in five cities: Boston, Minneapolis, Little Rock, Baltimore, and Philadelphia. We are headquartered at Boston Medical Center in Boston, Massachusetts. Since 1998, we have interviewed over 75,000 caregivers of children under four years of age and analyzed those interviews to determine the impact of public policies on the health and development of young children. Based on our extensive research, we understand the harms of food insecurity that families face and thus write today in strong support of S.2453, which would address and mitigate circumstances that may threaten families’ ability to access food necessary for their health and well-being.

Prevalence of food insecurity across the United States and in Massachusetts remains high, leading to a tailspin of poor health and economic outcomes – for the individual, family, and state:

Census data recently released by the United States Department of Agriculture show that 10.5 percent of households in the US and 8.4 percent of households in Massachusetts are food insecure, meaning they do not have consistent, dependable access to enough food for active, healthy living. Families with children, households of color, and families with low incomes disproportionately experience food insecurity. For all of these families, rates of food insecurity increased between 2019 and 2020. In 2020, 14.8 percent of all households with children in the United States and 15.3 percent of households with children under six experienced food insecurity. This high prevalence of food insecurity is particularly
concerning, given the importance of nutrition to healthy brain development in early childhood. Not surprisingly, food insecurity is even more prevalent among households with low incomes, as competing costs of basic needs, such as housing, food, and energy, place a strain on family budgets. In 2020, 35.3 percent of households with incomes below the official poverty line were food insecure, compared with 4.9 percent of those with incomes at or above 185 percent of the poverty line. Recent research by Children’s HealthWatch found that between September 2020 and March 2021, food insecurity increased to 40.7 percent among low-income families with young children – including those seeking care in the Emergency Department at Boston Medical Center.

Food insecurity is associated with numerous health consequences throughout the lifespan. It is particularly true for children who experience food insecurity, as access to nutritious food is critical early in life during the period of rapid growth and brain development. Research from Children’s HealthWatch and others show young children raised in food-insecure households are at risk for adverse health consequences, including hospitalizations, developmental risk, poor academic performance, and behavioral problems and emotional distress. Inadequate nutritional intake can also increase children’s vulnerability to future adverse chronic conditions, such as obesity, diabetes, and cardiovascular disease. Furthermore, when parental stress and depression – which are also associated with household food insecurity – are also considered, children’s vulnerability to poor health and weight increases, leading to higher healthcare costs for children in addition to direct costs among parents.

The avoidable health and education-related costs of food insecurity in the US population are staggering. Children’s HealthWatch estimated total US health, education, and lost productivity costs of food insecurity across all age groups at more than $178 billion in 2014 alone. Using the same methodology, we estimated the health and education costs associated with food insecurity among families with young to be $1.2 billion in 2015. In a later complementary study, another group of researchers showed that people with food insecurity have significantly greater health care expenditures - an extra $1,863 per year - totaling $77.5 billion annually. In Massachusetts, Children’s HealthWatch estimated the total avoidable cost of food insecurity to be, conservatively, $2.4 billion in 2016, $1.9 billion of which are associated with healthcare costs and disease.

In response to these health and economic costs, the legislature must enact policies and programs that respond to the reality of food insecurity that many low-income families face and mitigate the costs and health impacts of diet-related illness. Improving food security among Massachusetts residents would reduce healthcare costs for individuals, families, and the Commonwealth.

**Medically tailored nutrition programs lower healthcare costs and improve health.** However, more research is needed to expand the evidence-base of effective interventions, particularly in the context of MassHealth Accountable Care Organizations. H.2298/S.1403 would provide funds for a necessary pilot program to expand research into effective food is medicine interventions while simultaneously improving health outcomes and decreasing costs for food insecure and medically impaired patients:
Low-income individuals, many of whom Medicaid enrollees, are disproportionately affected by social determinants of health (SDOH), such as food insecurity. In response, MassHealth has largely transformed its health care system model by creating several Accountable Care Organizations (ACOs). It has also recently implemented the MassHealth Flexible Services Program to support ACOs screening and interventions for social needs (including food insecurity). While this is a momentous stride for reducing healthcare costs and improving health outcomes through preventive care, the limited scope of services and interventions covered by Flexible Services leaves a gap in the research on nutrition-focused interventions and diet-related disease. H.2298/S.1403 offers to fill this gap by establishing a pilot program that would implement and evaluate interventions beyond the scope of Flexible Services, including the evaluation of household-level interventions.

Research demonstrates that connecting people with complex health conditions to medically tailored nutrition services may be an effective and low-cost strategy to improve health outcomes, decrease healthcare utilization, and enhance quality of life. These services include medically tailored meal programs, medically tailored food packages, and nutritious food referrals. The establishment of a pilot program through H.2298/S.1403 would enhance this research base as well as the capacity of healthcare systems to respond appropriately to diet-related disease and food insecurity by offering a spectrum of nutrition services – medically tailored meal programs, medically tailored food packages, and nutritious food referrals – tailored to meet the needs of individual patients. Furthermore, the pilot program would allow for a more rigorous evaluation of the impact of food insecurity interventions on health and cost outcomes, filling a significant gap in research identified by experts in the field. In addition to closing the gap in research on nutrition and health, this pilot program would simultaneously expand access to critical nutrition services in areas of the state where they currently do not exist.

H.2298/S.1403 will bring Massachusetts closer to integrating our food and healthcare systems across the state in an outcome-driven and cost-effective way. This bill is necessary to grow our research base and address the health needs of individuals and entire households. Supporting the health and development of children and families across our Commonwealth is essential to our state’s current and future prosperity and well-being. Decades of research show comprehensive, multi-sector strategies that reduce hardships are necessary to achieve optimal health outcomes and financial stability. For these reasons, we strongly urge you to continue to enable Massachusetts to be an innovative leader in healthcare by swiftly and favorably reporting this critical piece of legislation out of committee.

Sincerely,

Children’s HealthWatch


Gundersen, C, Ziliak, JP. Food insecurity and health outcomes. Health Affairs. 2015;34, 1830–1839.


