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Dear New York State Mental Health Professionals and Provider Agencies:

March is *National Nutrition Month*, a time to celebrate health and wellness, and to focus on making informed food choices, developing sound eating habits, and promoting consistent food security. The United Nations notes that *food security* means that “all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life.” Unfortunately, too many people live with *food insecurity*, when the availability of nutritionally adequate and safe foods is limited or uncertain, most often because of financial constraints.

Why Food Insecurity Matters to Health and Mental Health Professionals

Food insecurity is an ongoing public health problem affecting about 12% of U.S. households (15 million households), and 11% of households in New York State. Some data sources suggest that food insecurity in New York State may be even more prevalent (more than 23%), and we know that the rate varies across our counties and boroughs. Food insecurity is more common in households headed by black non-Hispanics or Hispanics, with income levels near or below the poverty level, located in rural areas or certain metropolitan areas, or with a working-age adult with a disability, including a mental health disability.

Food insecurity is associated with poor nutrition, high healthcare costs, and poor health outcomes, including poor mental health outcomes. Food insecurity is a “social determinant of health” that is linked to a higher probability of obesity, hypertension, cardiovascular disease, stroke, cancer, hepatitis, asthma, arthritis, chronic obstructive pulmonary disease, and kidney disease. Some of the associations relate to “poor food choices” that are actually driven by insufficient financial resources (and thus not enough options); that is, if one has limited dollars to spend on food, those dollars are usually used to buy inexpensive, calorie-dense foods, which often are highly processed and lacking essential nutrients. Food insecurity thus commonly results in reduced consumption of fruits and vegetables and other micronutrient-rich foods important for proper growth, development, and maintenance of good health. Food insecurity undoubtedly leads to psychological stress—*anxiety, frustration, a sense of powerlessness, and disconnection from others.* Such ongoing stress can trigger diverse physiological stress responses that elevate risk for mental illnesses like depression, anxiety disorders, and childhood attentional problems. Importantly, food insecurity likely also worsens course, treatment response, and outcomes among those with existing mental illnesses. And we know that many of our patients have diabetes, metabolic syndrome, and other conditions associated with poor nutrition that contribute to early mortality. Food security is necessary for good mental health, and good mental health is important to one’s ability to maintain food security. As such, we must screen for and address food insecurity just as we do other social determinants in domains like education, housing, employment, income, etc.

How to Screen for Food Insecurity

Screening for food insecurity in clinical settings has the potential to limit its impact on patients' health outcomes. Screening can ensure timely referral of those in need to available public health nutrition programs including the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Child and Adult Care Food Program (CACFP), school meals, and if necessary, referral to local emergency food services (e.g., food pantries and soup kitchens) supported by the New York State Department of Health's Hunger Prevention and Nutrition Assistance Program (HPNAP). Many electronic health record systems now include prompts for social determinants screening, such as a brief food insecurity screening, and allow providers to record responses and provide information on referrals. Given the known time constraints on clinical practice, a straightforward two-question food security screening is recommended by several national organizations, which can be directed to the individual, or asked with regard to the individual's household:

Now I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months—that is, since last (name current month).

- 1. (I/we) worried whether (my/our) food would run out before (I/we) got money to buy more.**
Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?
- 2. The food (I/we) bought just didn't last and (I/we) didn't have money to get more.**
Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?

What to Do If the Screening Is Positive

A response of "sometimes true" or "often true" to either question may indicate food insecurity. The purpose of screening is to determine who needs a more extensive evaluation and who would benefit from additional resources and supports. Many resources are available. I encourage you to take a look at these:

- From *Feeding America*, a toolkit for physicians and other health care providers screening for and addressing food insecurity:
<https://hungerandhealth.feedingamerica.org/wp-content/uploads/2017/11/Food-Insecurity-Toolkit.pdf>
- From *Hunger Solutions NY*, information on the Nutrition Outreach and Education Program, which provides free, confidential services to connect hungry New Yorkers with SNAP and gives referrals to other resources: https://hungersolutionsny.org/wp-content/uploads/2018/07/NOEP-county-map-with-NOEP-contact-info-7_10_18.pdf
- From the *New York State Department of Health*, information on resources for families including SNAP, WIC, CACFP, HPNAP, school meals, and summer food programs: www.health.ny.gov
- From the *New York State Office of Temporary and Disability Assistance*, a website for both locating local SNAP outreach workers who can assist with prescreening and application assistance for SNAP, and nutritionists who can conduct nutrition education classes aimed at promoting food security, resource management, and obesity prevention.: <https://otda.ny.gov/programs/nutrition/> and <https://otda.ny.gov/programs/snap/providers/default.asp?region=New%20York%20City>

We All Have a Role in Addressing Food Insecurity

The New York State Prevention Agenda for 2019–2024 (the State’s Health Improvement Plan) includes eight goals with regard to Promoting Well-being and Preventing Mental Illnesses and Substance Use Disorders; we should all be familiar with them and take part in reaching those goals (https://www.health.ny.gov/prevention/prevention_agenda/2019-2024). The Prevention Agenda also includes three goals pertaining to Healthy Eating and Food Security: increasing access to healthy and affordable foods and beverages, increasing skills and knowledge to support healthy food and beverage choices, and increasing food security. Although mental health professionals usually receive little training on nutrition, we can play a role. We also have an obligation to advise our patients and their families about a healthy diet given that food-related risk factors can provoke and exacerbate mental illnesses and medical comorbidities. Mental health professionals who uncover food insecurity in a patient or family members should make appropriate referrals to food and nutrition assistance programs, local food pantries, and nutrition professionals taking part in promoting food security.

I wish you all a happy ***National Nutrition Month!***

All the best,

A handwritten signature in blue ink, appearing to read "Ann Marie T. Sullivan, MD".

Ann Marie T. Sullivan, MD
Commissioner