The Massachusetts Food is Medicine State Plan

GIS METHODOLOGY
January 31st, 2019

Mapping the Need for and Access to FIM Interventions across the Commonwealth

DentaQuest
COMMUNITY SERVINGS
CHLPI
CENTER for HEALTH LAW and POLICY INNOVATION
HARVARD LAW SCHOOL
Presenters

Kristin Sukys
Policy Analyst
Center for Health Law and Policy Innovation
Harvard Law School
ksukys@law.harvard.edu

Sarah Downer
Associate Director
Center for Health Law and Policy Innovation
Harvard Law School
sdowner@law.harvard.edu

Jean Terranova
Director of Food and Health Policy
Community Servings
jterranova@servings.org

Katie Garfield
Staff Attorney
Center for Health Law and Policy Innovation
Harvard Law School
kgarfield@law.harvard.edu
Webinar Outline

• Overview of the State Plan
• Current state of the Plan
• Mapping the need for FIM interventions
  • Determining suitability factors
  • Disease burden analysis
  • FIM Priority Area Analysis
• Evaluating the current access to Food is Medicine interventions
• Next Steps
What is Food is Medicine?

**FOOD IS MEDICINE**

- **Healthy food for those who are malnourished or food insecure**
- **Medically-tailored food for those at risk for acute or chronic illness**
- **Medically-tailored food for those with acute or chronic illness**
- **Medically-tailored meals for those with serious illness or disability who cannot shop or cook for themselves**
Why here? Why Now?

THE WALL STREET JOURNAL.
The Washington Post
The New York Times
Los Angeles Times
The Boston Globe

AN AVOIDABLE $2.4 BILLION COST

The Estimated Health-Related Costs of Food Insecurity and Hunger in Massachusetts

Children’s HealthWatch and Greater Boston Food Bank, 2018
The Impact of Medically Tailored Meals

An innovative model for reducing healthcare costs and improving health

Seth Berkowitz, MD MPH, University of North Carolina School of Medicine
David B. Waters, CEO, Community Servings

Food Is Medicine
Opportunities in Public and Private Health Care for Supporting Nutritional Counseling and Medically-Tailored, Home-Delivered Meals
1. Assess the distribution of need
2. Assess the distribution of access
3. Develop a strategy to increase the availability of Food is Medicine interventions to meet the level of need throughout the state.
Data Collection

✅ Surveys

✅ State-wide Listening Sessions

✅ In-Depth Community Member Interviews

Spatial Analysis

1. Healthcare Providers
2. Healthcare Payers
3. Community-based Food and Nutrition Service Organizations

You Spoke, We Listened
Webinar on Data Collection
January 24, 2019
Spatial Analysis

Goal: Illustrate the need for Food is Medicine interventions against the current access to Food is Medicine interventions across the state of Massachusetts

Step 1: Decide what factors determine the need for FIM interventions

Step 2: Request and map data to create FIM priority areas

Step 3: Geocode locations of current programs across the state

Step 4: Create regional snapshots that incorporate regional-specific considerations

DISCLAIMER!

The methodology outlined here has some limitations. I will be mentioning many of them as we move through my steps but please feel free to comment.
Step 1: Factors of need for FIM interventions

1. High rates of food insecurity
2. High burden of chronic diseases associated with food insecurity
3. Lack of accessible and reliable transportation
Chronic Disease Literature Review Results:

- Alcohol Dependence
- Asthma
- Cancer
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Chronic Ischemic Heart Disease
- Diabetes Mellitus (Type 2)
- Depression/Anxiety
- Fibromyalgia
- Frailty
- Gout
- Heart Failure
- Hepatitis

15 Diseases with assumed strong association with food insecurity:

- Alcohol Dependence
- Asthma
- Cancer
- Chronic Kidney Disease
- COPD
- Chronic Ischemic Heart Disease
- Heart Failure
- Type 2 Diabetes
- Depression/Anxiety
- Hypertension
- Iron Deficiency Anemia
- Low Birth Weight
- Lupus
- Metabolic Syndrome
- Obesity
- Arthritis
- Rheumatoid Arthritis
- Severe Mental Disorders
- Stroke
- Tobacco Dependence
- HIV/AIDS

_____ = Included in the MA Cost of Hunger Report by Children’s HealthWatch and the Greater Boston Food Bank

Orange= identified by the CDC/USDA as having a strong correlation with food insecurity among adults living at or below 200% of the Federal Poverty Line

Orange= included in both reports
<table>
<thead>
<tr>
<th>CONDITION</th>
<th>CODES RELIABLE/VALID?</th>
<th>HIGH BURDEN?</th>
<th>RESPONDS TO DIETARY INTERVENTION?</th>
<th>RESPONDS TO FI INTERVENTION?</th>
<th>INCLUDED IN GBFB LIST?</th>
<th>INCLUDED IN USDA/CDC LIST?</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DM2</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>2. HTN</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>3. Obesity</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>5</td>
</tr>
<tr>
<td>4. Asthma</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>No data found</td>
<td>Yes</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>5. CKD</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>Yes</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>6. COPD</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>No data found</td>
<td>Yes</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>7. CHD/CHF</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>Yes</td>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>8. Iron Deficiency</td>
<td>Yes, but perhaps only in pregnancy/children?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>9. Low Birth Weight</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>10. Stroke</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>11. Depression/Anxiety</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes (in elderly)</td>
<td>No</td>
<td>4</td>
</tr>
<tr>
<td>12. Cancer</td>
<td>No – unclear which cancers associated with FI</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>13. Gestational Diabetes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>14. Hepatitis</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>15. HIV/AIDS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>16. Hyperlipidemia</td>
<td>Unlikely – suspect very underdiagnosed given asymptomatic and requires HCM bloodwork for diagnosis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>17. Metabolic Syndrome</td>
<td>No – Met-S syndrome; more likely to be coded</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>18. Arthritis</td>
<td>No – unclear which types associated with FI</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>19. Fibromyalgia</td>
<td>Unlikely – overlap with other inflammatory disorders</td>
<td>No</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>20. Frailty</td>
<td>Unlikely – not reliably/consistently coded</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>21. Gout</td>
<td>Unlikely – care frequently not sought; underdiagnosed</td>
<td>No</td>
<td>Yes</td>
<td>No data found</td>
<td>Yes</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>22. Lupus</td>
<td>Unlikely – overlap with other inflammatory disorders</td>
<td>No</td>
<td>Yes</td>
<td>No data found</td>
<td>Yes</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>23. Osteoporosis</td>
<td>Unlikely – overlap with other arthritic disorders</td>
<td>Yes</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>24. Rheumatoid Arthritis</td>
<td>Unlikely – overlap with other inflammatory disorders</td>
<td>No</td>
<td>Yes</td>
<td>No data found</td>
<td>Yes</td>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>25. Alcohol Dependence</td>
<td>Unlikely – not reliably/consistently coded; care frequently not sought; underdiagnosed</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>26. Tobacco Dependence</td>
<td>Unlikely – not reliably/consistently coded; care frequently not sought; underdiagnosed</td>
<td>Yes</td>
<td>No data found</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>27. Severe Mental Disorders</td>
<td>Unlikely – not reliably/consistently coded outside of psychiatric specialties</td>
<td>No</td>
<td>No data found</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>28. Mortality (Condition)</td>
<td>Yes – but unclear if required 2015 data are</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
Final List of Chronic Diseases Included

Town-Level

1. Cardiovascular Disease Hospitalizations (2015)
4. 15+ Days Poor Mental Health (Adults-2012, 2013, 2014)
5. Obesity (Adults-2012, 2013, 2014)
7. HIV Prevalence (2017-Top 15 Towns)

Source: MassDPH
- Massachusetts Acute Care Database
- Behavioral Risk Factor Surveillance System
- MDPH HIV/AIDS Surveillance Program

County Level 2011-2015

1. Lung & Bronchus Cancers
2. Colon & Rectal Cancers
3. Prostate Cancer
4. Ovarian Cancer
5. Female Breast Cancer
6. Leukemia

Source: Massachusetts Cancer Registry

Step 2: Mapping the Data
Mapping the Raw Disease Data

Highest Rates (5)

Lowest Rates (1)

Adult Asthma
(Age-Adjusted/100,000)

Adult Diabetes
2012, 2013, 2014
(Age-Adjusted/100,000)

CVD Hospitalizations
2015
(Age-Adjusted/100,000)

Adult Obesity
2012, 2013, 2014
(Age-Adjusted/100,000)

Prostate Cancer
2011-2015
(Age-Adjusted/100,000)

Colorectal Cancers
2011-2015
(Age-Adjusted/100,000)

Stroke Hospitalizations-
2015
(Age-Adjusted/100,000)

Leukemia
2011-2015
(Age-Adjusted/100,000)

Breast Cancer
2011-2015
(Age-Adjusted/100,000)

15 Days of Adult Poor Mental Health over the last 30 Days
2012, 2013, 2014
(Age-Adjusted/100,000)

Ovarian Cancer
2011-2015
(Age-Adjusted/100,000)

Lung & Bronchus Cancers
2011-2015
(Age-Adjusted/100,000)
Data Organization and Reclassification

Example: CVD Hospitalization Reclassification

Example: Asthma reclassification

Different

SAME
Mapping the Raw Disease Data

- Adult Asthma 2013, 2014, 2015 (Age-Adjusted/100,000)
- Adult Diabetes 2012, 2013, 2014 (Age-Adjusted/100,000)
- Prostate Cancer 2011-2015 (Age-Adjusted/100,000)
- Colorectal Cancers 2011-2015 (Age-Adjusted/100,000)
- CVD Hospitalizations 2015 (Age-Adjusted/100,000)
- Adult Obesity 2012, 2013, 2014 (Age-Adjusted/100,000)
- Leukemia 2011-2015 (Age-Adjusted/100,000)
- Breast Cancer 2011-2015 (Age-Adjusted/100,000)
- Stroke Hospitalizations-2015 (Age-Adjusted/100,000)
- 15 Days of Adult Poor Mental Health over the last 30 Days 2012, 2013, 2014 (Age-Adjusted/100,000)
- Ovarian Cancer 2011-2015 (Age-Adjusted/100,000)
- Lung & Bronchus Cancers 2011-2015 (Age-Adjusted/100,000)
Data Organization Summary

- All diseases were classified into 5 categories based on Natural Breaks (Jenks)
- If necessary, the break values were adjusted, though minimally
- Towns were organized into 6 groups depending on their data limitations
  1. All 13 datasets (15 towns)
  2. All 12 datasets (259 towns)
  3. Missing diabetes, obesity, poor mental health data (6 towns)
  4. Missing CVD, diabetes, obesity, or poor mental health data (25 towns)
  5. No diabetes, obesity, poor mental health, or stroke data (57 towns)
  6. Only cancer data (3 towns)
- If towns were only missing one or two statistics, the state-average statistic acted as a filler to estimate the missing statistic
Weighted Sum Model

- Process to evaluate the overall burden score given individual disease burden scores (scores 1-5)
- Weighted Sum works by multiplying the designated field values (1-5) for each input raster by the specified weight. It then sums (adds) all input rasters together to create an output raster.

<table>
<thead>
<tr>
<th>Town</th>
<th>Disease 1 Burden Score</th>
<th>Disease 2 Burden Score</th>
<th>Disease 3 Burden Score</th>
<th>Disease 4 Burden Score</th>
<th>Overall Burden Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>B</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>13</td>
</tr>
</tbody>
</table>
15 Towns with data for all 13 diseases
6 Towns missing diabetes, obesity, and poor mental health data.

This analysis only includes stroke, ovarian cancer, leukemia, colorectal cancers, lung and bronchus cancers, breast cancer, prostate cancer, cvd, and asthma datasets.
Cancer Only Model
6 Separate Weighted Sum Analyses

All diseases weighted as 1.

6 towns no diabetes, obesity, or poor mental health data. Only cancer, stroke, asthma, and cvd.

25 towns with no cvd, diabetes, obesity, poor mental health or stroke data. Only asthma and cancer.

57 towns with no diabetes, obesity, poor mental health or stroke data. Only cvd, asthma and cancer mapped.

259 Towns with 12 disease datasets

15 towns with 13 diseases, including HIV incidence

3 Towns Cancer Only
All 6 Analyses Merged
351 Towns total

< Chronic Disease Burden
Towns missing 3+ diseases highlighted to expose data limitations
Disease Burden Summary

- 13 diseases included
  - HIV
  - Asthma
  - Obesity
  - Diabetes
  - Poor Mental Health
  - CVD Hospitalizations
  - Stroke Hospitalizations
  - Cancers
    - Prostate
    - Colon & Rectal
    - Lung & Bronchus
    - Breast
    - Ovarian
    - Leukemia

- All diseases age-adjusted/100,000
- 6 analyses for data limitations
  - Towns missing 3+ datasets are highlighted
- All diseases weighted 1 in weighted sum analysis
Map the Meal Gap

Feeding America

Maximum Census Tract Food Insecurity Rates at Town-Level

Food Insecurity Rates by Town
Massachusetts 2016

1Food insecurity data is based on Feeding America’s 2016 Map the Meal Gap Report which uses regression models to estimate census tract level food security rates based on other demographic variables including unemployment and poverty rates, median income, percent Hispanic, percent African-American, and the percent of homeowners in each geographic region.

2Town-level food insecurity rates displayed represent the maximum census tract percentages found within each town. Representing the highest food insecurity rates within a town exposes geographic regions that warrant closer examination and highlights possible food insecurity intervention points.

Sources: U.S. Census, Feeding America
Vehicle Access by Census Tract

Lowest Census Tract Vehicle Access at Town-Level

Vehicle Access Rates by Town, Massachusetts 2016

Town-level vehicle access rates displayed represent the maximum census tract percentages found within each town. Representing the lowest vehicle access rates within a town exposes geographic regions that warrant closer examination and highlights possible Food is Medicine intervention points.


Massachusetts Food is Medicine State Plan, October 2018
Priority Area Analysis

Classified into 5 categories by Natural Breaks (Jenks)
The Food is Medicine Priority Level is determined through a weighted sum analysis that considers the burden of chronic disease and cancer prevalence, vehicle access, and food insecurity within each town. Towns with a high priority level indicate high suitability for Food is Medicine interventions due to high food insecurity, low vehicle access, and high prevalence of chronic diseases and cancer. According to our analysis, there are 25 high priority towns in Massachusetts. These areas should be explored at a more granular scale. Many towns are missing 3 or more chronic disease datasets. The priority level of these areas should be interpreted with caution.
Emergency Food Providers
Massachusetts 2017

736 Emergency Food Providers

- 503 food pantries
- 86 food pantries with meal program
- 95 independent meal programs
- 9 food rescue organizations
- 8 voucher programs
Food is Medicine Programming

- 26 Medically-Tailored Meal Delivery Organizations
  - 25 are Meals on Wheels Programs that provide meals for seniors (60+)
  - Wide spectrum of menus offered and clients served
- 3 Medically Tailored Food Delivery Organizations
- 5 Produce Prescription Programs
  - Some have multiple sites that are mapped here
- 30 Population-level Healthy Food Programs
  - Some have multiple sites that are mapped here

Food is Medicine Programming Map

The Food is Medicine Priority Level is determined through a weighted sum analysis that considers the burden of chronic disease and cancer prevalence, vehicle access, and food insecurity within each town. Towns with a high priority level indicate high suitability for Food is Medicine interventions due to high food insecurity, low vehicle access, and high prevalence of chronic diseases and cancer. According to our analysis, there are 26 high priority towns in Massachusetts. These areas should be explored at a more granular scale. Many towns are missing 3 or more chronic disease datasets. The priority level of these areas should be interpreted with caution.
<table>
<thead>
<tr>
<th>Program Type</th>
<th>State Plan Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically-Tailored Meal Delivery</td>
<td>Programs that provide home-delivered meals that are tailored for specific diseases (renal disease) and medical conditions (pureed, cardio friendly) to individuals who are unable to cook for themselves. These programs work with health professionals to design meals and/or have health care partners.</td>
<td>Community Servings &amp; Meals on Wheels Programs for Seniors</td>
</tr>
<tr>
<td>Medically-Tailored Food Delivery</td>
<td>Programs that provide home-delivered illness-specific food boxes or groceries (diabetic friendly) for individuals who are able to cook for themselves. These programs work with health professionals to design meals and/or have health care partners.</td>
<td>Merrimack Valley Food Bank</td>
</tr>
<tr>
<td>Produce Prescription Program</td>
<td>Programs where health care professionals &quot;prescribe&quot; fruits and vegetables as part of a treatment or prevention plan for their patients. This is usually in the form of a voucher that they redeem at local grocery stores, food pantries, or farmers markets.</td>
<td>Health Imperatives</td>
</tr>
<tr>
<td>Population-Level Healthy Food Program</td>
<td>Population-level programs that deliberately connect the provision of healthy food with health care (be it through relationships and interactions with registered dietician, clinicians, physicians or co-locating services with health care centers).</td>
<td>Lower Cape Outreach Council</td>
</tr>
</tbody>
</table>
Notable Variation

1. Age restrictions

2. Number of diet options available

3. No universal standards for medically-tailored meals.
   - Big differences across the definition of a “diabetic” friendly meal, for example
Medically-Tailored Meal Delivery Programs: No Age Restrictions
Massachusetts 2018

Medically-Tailored Meal Delivery Programs
- 10+ Medically-Tailored Meal Options
- Services Not Restricted to Seniors (60+)
- Services Not Restricted to Seniors (60+)

FIM Priority Level
- High
- Moderately High
- Moderately Low
- Low
- Limited Data

The Food is Medicine Priority Level is determined through a weighted sum analysis that considers the burden of chronic disease and cancer prevalence, vehicle access, and food insecurity within each town. Towns with a high priority level indicate high suitability for Food is Medicine Interventions due to high food insecurity, low vehicle access, and high prevalence of chronic diseases and cancer. According to our analysis, there are 26 high priority towns in Massachusetts. These areas should be explored at a more granular scale. Many towns are missing 3 or more chronic disease datasets. The priority level of these areas should be interpreted with caution.
These are the food security screening sites we captured through our surveys and listening sessions. Our survey respondents included all major health systems in Massachusetts. As a result, the health systems mapped most likely screen at multiple sites within them.
For more information on food insecurity screening in Massachusetts, see last week’s webinar:
Next Steps & Map Applications

• Regional Snap Shots
• State Plan expected Spring 2019
• Policy Applications
  • Locations for Food is Medicine Demonstration Pilot
  • Locations for Produce Prescription Programs (Gus Schumacher Funds)
  • Opportunities to scale up geographic FIM offerings
• Partnership Opportunities
  • Healthy pantries forming a community of practice themselves or learning from medically tailored food delivery orgs on how to scale up
  • Health care resource networks
  • Food providers finding new health care partners

*This map is just an example
REGIONAL SNAPSHOT: CAPE COD & ISLANDS

Compelling stats
- Food insecurity ~9%, reaching up to 21.7% in some towns
- Up to 23% of Cape Cod residents have no vehicle access
- 8.5% of adults in Barnstable County have diabetes
- Dukes County has the highest rate of hospitalizations from stroke across the state, at 284 per 100,000
- 159 out of 100,000 adults in Barnstable County have breast cancer

Challenges specific to the region
Tourism-based economy means seasonal employment
- In February 2018, 15% of Barnstable jobs were in leisure and hospitality, compared with 25% in July 2018. Lowest paying sector in Barnstable Co.

Aging population
- Barnstable County is the oldest county in Massachusetts, with 29.9% of its population aged 65 and over, compared to the MA average of 16.2%.

Case Study: FLAVORx
Launched in 2016 throughout 6 physicians’ offices across Cape Cod, FLAVORx is a fruit and vegetable prescription pilot program that provides a weekly prescription of $30 worth of produce for 12 weeks. Prescriptions can be redeemed at local farmers’ markets or farm stands. In addition, patients receive 4 free cooking classes and 2 additional check-up visits. While the availability of the service depends strictly on funding, the eligibility criteria for the program are having a risk factor for chronic disease, being overweight or obese, and low income. After a single-blind trial in which participants were recruited to participate in nutrition education classes, the group that was also given the FlavorX produce prescription saw better outcomes in BMI, LDL cholesterol, and patient well-being than the group that was given gas cards for the equivalent amount ($30/weekly, 12 week period).

*This map is just an example*
THANK YOU PLANNING COUNCIL ORGANIZATIONS

- Alliance of Massachusetts YMCAs
- Blue Cross Blue Shield of MA Foundation
- Blue Cross Blue Shield of Massachusetts
- Boston Medical Center HealthNet Plan
- Boston Medical Center
- Boston Public Health Commission
- Brockton Neighborhood Health Center
- Children's Health Watch
- Center for Health Law and Policy Innovation (CHLPI)
- Commonwealth Care Alliance
- Community Health Center of Franklin County
- Community Servings
- DentaQuest Foundation
- Elder Services of Merrimack Valley
- Emerald Physician Services
- Executive Office of Elder Affairs
- Feeding America
- Greater Boston Food Bank
- Harvard School of Public Health
- Health Care Without Harm
- Just Roots
- Krupp Family Foundation
- Massachusetts Healthy Aging Collaborative
- Massachusetts Department of Transitional Assistance
- Massachusetts Food System Collaborative
- Massachusetts League of Community Health Centers
- Massachusetts Medical Society
- Mayor's Office of Food Access, Boston
- Meals on Wheels America
- Minuteman Senior Services
- New England States Consortium Systems Organization (NESCOSO)
- Project Bread
- The Food Bank of Western MA
- Tufts Friedman School of Nutrition Science and Policy
- UMass Medical School
- UMass Memorial Medical Center
- Wholesome Wave
- DPH!!!!!
Questions?

Check out last week’s webinar on data collected through our survey, listening sessions and consumer interviews.