



Department of Health

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Dear Colleagues:

I am pleased to tell you that we are seeing a positive change in the outcome of the influenza epidemic we battled this season. As of March 22, there has been a 19% decrease in laboratory confirmed influenza diagnoses and a 29% decrease in related hospitalizations. In addition, as March is National Nutrition Month, I'd like to draw your attention to a critical yet often invisible concern for many New Yorkers -- food insecurity. I will also discuss the All Payer Database (APO), a new tool we are launching in April to help patients and providers better assess the quality and cost of healthcare.

Food Insecurity: The United States Department of Agriculture defines food security as "access by all people at all times to enough food for an active healthy life." Food insecurity is a growing public health problem that affects more than 12% of U.S. households and is associated with high healthcare costs and poor health outcomes. Food insecurity is characterized by an inability to consistently obtain adequate food supply due to limited economic resources and is linked to a higher probability of hypertension, cardiovascular disease, cerebrovascular disease, cancer, hepatitis, asthma, arthritis, chronic obstructive pulmonary disease, and renal disease. Food insecurity is more common in households headed by black non-Hispanics or Hispanics, households with income levels below 185% of poverty, and households located in rural areas or principal cities in metropolitan areas.

Screening for food insecurity in clinical settings can improve patients' health outcomes through timely referral of those in need to available public health nutrition [programs](#) including the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP, formerly known as "food stamps"), the Child and Adult Care Food Program (CACFP), free or reduced school meals, and if necessary, referral to local emergency food services supported by the New York State Hunger Prevention and Nutrition Assistance Program (HPNAP). Many electronic health records systems now include prompts for questions on food insecurity and allow providers to record responses and receive information on referrals. Given the known time constraints of clinical practice, a simplified food security screening using the two questions below is recommended by several national organizations including the American Academy of Pediatrics:

- "1. Within the past 12 months, we worried whether our food would run out before we got money to buy more. Yes or No?"
- "2. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more. Yes or No?"

Toolkits for physicians and other healthcare providers addressing food insecurity and health are available here: [Food Insecurity and Health Toolkit](#) and Addressing Food Insecurity: [A Toolkit for Pediatricians](#). These toolkits also provide information on how to include food insecurity screening in electronic health records.

New York State's older adult population is particularly vulnerable to food insecurity. Although calorie needs decrease with age, overall nutrient needs remain the same. The often

higher cost of healthy foods, combined with medication costs and limited income, increase the risk of food insecurity in older adults. More than 19% of NYS adults 60 years of age and older experienced food insecurity in 2015.

Healthcare providers are on the frontlines in addressing the public health challenge of elderly food insecurity. MDs and DOs can earn continuing education credit for the Food Research and Action Center (FRAC) and AARP Foundation free one-hour online CME accredited course, [Screen & Intervene: Addressing Food Insecurity Among Older Adults](#).

All Payer Database: I am very pleased to announce our All Payer Database. Advancing healthcare transformation in an effective and accelerated manner that addresses cost, access and quality issues requires a broader view of population health and healthcare system performance than current data resources permit. The New York State Department of Health is streamlining healthcare system data, including comprehensive claims, facility data and clinical data, into a central repository, the All Payer Database (APD). Once fully operational in 2019, this tool will give policymakers new ways to monitor efforts to reduce healthcare costs and improve both care, quality and population health. Examples of how APO data can be used include risk adjusted payment reform; evaluation of clinical risk; quality measurement; price and cost transparency; evaluation of access to healthcare and longitudinal population-based health services research.

In April 2018, the APO public website will be launched with visit volume and estimated facility costs for selected healthcare procedures, rates of complications, and other quality measures at a hospital level that can help patients determine where to seek care. Additionally, the APD public website will include information about population health concerns. A companion analytic portal will be launched in 2019 which will support state agencies, hospital leadership, policymakers, and community planners with the ability to assess trends, needs, and assets in their regions related to quality and costs. I invite all of you to visit the public website then and encourage your patients to benefit from this new transparency.

Finally, I encourage you to participate in the next Commissioner's Grand Rounds, "The Future of Primary Care." The event will be held April 3, from 1:00 to 3:00 p.m. at The Institute for Family Health - Ellenville Family Health Center and The Ellenville Regional Hospital. The program will provide information on collaboration between federally qualified health centers and hospitals, integrating social diagnosis into regular practice, and telehealth. Look for more details on this and the other grand rounds on the [Department's website](#).

As always, thank you for your attention to these critical matters and I wish you the best.

Sincerely,

Howard A Zucker, M.D., J.D.