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## How is Highmark Health working to advance the Food as Medicine movement?

We work at the member and community level to identify and address the most immediate needs while building the evidence base that allows for sustainability and scalability.

*At the member and patient level,* we've screened over one million patients for social barriers to health. Food is one of the most common social needs we identify. When that happens, we connect members to free or low-cost services such as supplemental food benefits, the [Healthy Food Centers](#) in six of our hospitals, or local nonprofits and food

banks. Another program is our [medically tailored meal pilot](#) which supports 1,000 members impacted by chronic conditions by providing nutritional meals every day for six months, as well as coaching and social work support to help them on their path to better health.

*At the community level* Highmark Health has identified "priority communities" across our four-state footprint—Pennsylvania, Delaware, New York, and West Virginia— based on social vulnerability, chronic disease prevalence and Highmark membership density. We lean in and make it our priority to understand what the unique gaps in each community are, so we can address the root causes of poor health. The prevalence of food insecurity dominates across the communities where our members and employees live, work and play.

That's why we continue to develop tailored programs specific to addressing these needs and advancing the Food as Medicine movement. Some recent examples include the [Healthy Neighborhood pilot in West Virginia](#), which provides eligible West Virginia residents with

debit cards they can use exclusively at Dollar General stores to purchase nutritious foods; and the [Highmark Mobile Market](#), which offers fresh produce to community members in need in Buffalo, in partnership with food and nutrition nonprofit, Buffalo Go Green.

### What does Highmark Health hope the next few years will hold?

Our north star is removing barriers, so everybody has the resources to make healthy food choices for themselves and their families. But we know we cannot do it alone and that it involves much more than just providing food alone. We must resolve immediate needs while focusing on changing behavior and creating long-term impacts.

It requires multi-stakeholder collaboration. We'd like to see more of that— more like-minded organizations in the public and private sector coming together to address food insecurity at the source, and to support people in their journey to develop healthier eating habits to improve health outcomes and reduce disparities. It's one of the biggest

challenges and opportunities that we have.

### How can the healthcare industry make it easier for patients to make healthier food choices?

It starts with education— in children especially, but also for adults and even clinicians. At Highmark, we work closely with our hospital system, health plan case management, network of providers and community health workers to identify and triage individuals who have physical, mental, and social needs. Food is a perfect example of a social need that can profoundly impact mental and physical health, but that starts years before we see an individual in the health system.

How do we make sure information is easy to understand and culturally appropriate? There is opportunity for innovation and experimentation given the focus of CMS (Centers for Medicare and Medicaid Services) and NCQA (National Committee for Quality Assurance) on social determinants. There is also a new degree of accountability, so we are in a

race to figure out how to address these issues sustainably and at scale.

That's why we must all work to cross industry lines and sectors and build knowledge of the importance of quality of foods and portions while breaking down barriers to access. Doing more to address this issue will contribute to improved health outcomes, which would lead to reductions in health care costs and put us on a path of sustainability as a country.

### **How has the food as medicine policy evolved over the last year? What still needs to happen to move the needle?**

As a health system, we have invested in social determinants of health and food insecurity for decades, but the acute need during the pandemic required intense intervention and renewed energy around the need for a long-term solution. The Biden administration built on that energy with their commitment to hunger, nutrition, and health.

In the last year we have seen major

investment across the board by the health sector, private equity, government, and philanthropy in food as medicine pilots and business models. At the same time, with inflation and the end of pandemic-era nutrition assistance, food insecurity has increased in some areas. This past year we have seen a "let one million flowers bloom" environment and now we need to be very rigorous in understanding what is making a difference, and what interventions are replicable.

### **What are you looking forward to at the Food as Medicine: Policy Summit?**

Advancing any policy, at its core, involves understanding how to shift and align incentives to achieve a desired outcome. Federal, state, and local government, the health industry, food producers, large employers, civil society, we all have an interest in helping our communities view food as a cornerstone of health. This group can be a catalyst for change by first being candid about the challenges we are facing and then rallying around an approach that moves us towards better nutrition and health.