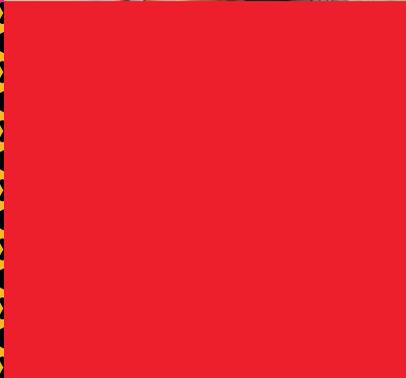
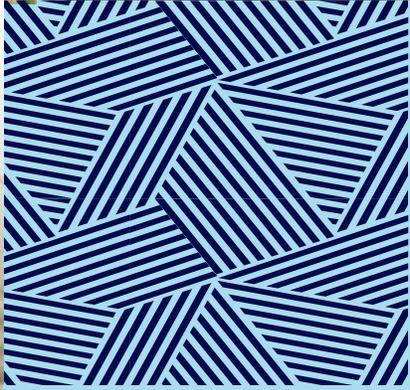
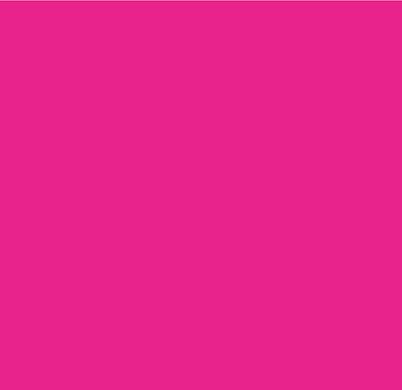
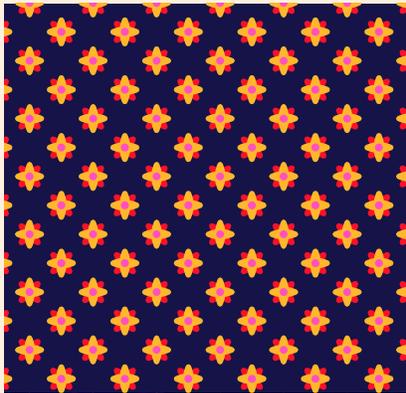


AN EVALUATION OF PROJECT BREAD'S
FOOD IS MEDICINE INTERVENTION

ADDRESSING HUNGER THROUGH HEALTHCARE



PROJECT
BREAD

FOREWORD

LEVERAGING THE HEALTHCARE SYSTEM TO ADDRESS FOOD INSECURITY

Food insecurity is a persistent public health issue with far-reaching social consequences. It forces families to make tradeoffs between food, housing, medical care, and other basic needs—heightening stress and destabilizing households. Every community in Massachusetts is affected by food insecurity.

Project Bread’s mission is to connect people across Massachusetts to reliable food resources and to advocate for policies that ensure no one goes hungry. Addressing food insecurity requires a multifaceted approach, including strengthening access to federal nutrition programs for those struggling to afford food.

While these systems have long anchored food security efforts, benefit levels in federal nutrition programs like the Supplemental Nutrition Assistance Program (SNAP) often do not stretch far enough to meet households’ needs across an entire month, particularly for individuals managing chronic health conditions, rising food costs, and competing financial demands. As a result, additional systems must be leveraged to close this gap. One increasingly important access point is health care.

Clinical settings offer an opportunity to identify food insecurity and connect patients to support. Yet historically, the U.S. healthcare system has lacked consistent, systematic approaches

to screening for and addressing food access challenges.

Recognizing this, in 2020, MassHealth, Massachusetts’ Medicaid program, launched the Flexible Services Program through the federal Section 1115 Demonstration Waiver, which allowed Accountable Care Organizations (ACOs) to provide goods and services to improve food and housing security.^{1,2} When MassHealth issued the call for social service organizations to partner in this initiative, Project Bread offered its expertise in creating spaces for food access within the healthcare system. Building on more than a decade of collaboration with healthcare providers, Project Bread expanded its work by developing a comprehensive case management program that combined food security support with nutrition education for patients living with chronic health conditions.

Project Bread’s model is grounded in the understanding that people need adequate resources, knowledge, and tools to purchase and prepare food that meets their cultural preferences and health needs. Our approach strengthens purchasing power through flexible food vouchers while also investing in what lasts beyond the end of the program including nutrition knowledge, kitchen equipment, and connections to ongoing benefits like SNAP.



This report synthesizes five years of research on Project Bread’s Flexible Services Program, drawing on evaluations, cost analyses, and client feedback from 2020 to 2024. **Together, these findings offer a comprehensive assessment of how Medicaid-funded food resources and nutrition support can lower healthcare costs, improve chronic disease outcomes, and strengthen food security for Massachusetts households.** The report examines program implementation, outcomes, and lessons learned from its launch in 2020 through the end of 2024, prior to the program’s transition to a supplemental covered benefit for MassHealth members enrolled in ACOs on January 1, 2025.

¹ A Section 1115 waiver is a federal authorization that allows states to temporarily waive certain Medicaid requirements to test innovative, time-limited demonstration programs that advance Medicaid’s goals. In 2018, the Centers for Medicare & Medicaid Services (CMS) approved MassHealth’s Section 1115 waiver, granting Massachusetts the authority to use Medicaid funds to provide Medicaid members with food and housing supports. Building on this authority, MassHealth launched the Flexible Services Program (FSP) in 2020 in partnership with dozens of Accountable Care Organizations (ACOs) and Social Service Organizations. In 2022, CMS approved a five-year extension of the waiver, allowing the state to continue operating the successful FSP pilot. Beginning in 2025, the program transitioned to the Health-Related Social Needs program, a supplemental Medicaid benefit authorized under the waiver through 2027.

² An Accountable Care Organization (ACO) is a group of doctors, hospitals, and other providers that work together to coordinate patient care. In Massachusetts, MassHealth contracts with ACOs to deliver coordinated care for members, with a primary care provider leading care management while maintaining full Medicaid benefits.

MASSHEALTH’S FLEXIBLE SERVICES PROGRAM TIMELINE (2018-2025)



Between 2020 and 2024, the MassHealth Flexible Services Program served more than 44,000 MassHealth members. Project Bread supported 15,986 of those individuals, approximately 36% of all members served during that period.

INTRODUCTION

PROJECT BREAD'S APPROACH

In April 2020, Project Bread launched its Flexible Services Program (FSP) in partnership with MassHealth and Community Care Cooperative (C3), a Federally Qualified Health Center-led ACO. The program was designed to improve food security and support overall health by providing nutrition services tailored to the unique needs of clients who are both food insecure and managing complex health conditions.

The program served each client throughout a six-month period.³ Upon enrollment, each client was paired with a Nutrition Services Coordinator. Most coordinators were native speakers of the client's preferred language, helping to ensure that care was culturally competent and linguistically appropriate.⁴

The coordinator began by conducting an initial assessment to identify the specific barriers each client was facing in accessing healthy food. Using this information, the coordinator developed a personalized service plan. Services offered as part of the program included monthly food vouchers, kitchen supplies, nutrition counseling with a registered dietitian, cooking classes, and referrals to a SNAP enrollment provider. Clients had the flexibility to select the services that best met their needs.

In the years following its launch in 2020, the program expanded substantially. What began as a small-scale effort grew into a statewide network that included seven ACO partners and more than 50 health centers and physician groups. Through the FSP, Project Bread served 15,986 unique clients, demonstrating both the scalability of its model and the sustained demand across the Commonwealth.



"I'm diabetic and I've got high blood pressure. So, when they gave me the gift cards, it made me want to eat healthier because I was able to buy the food, the fruit and vegetables. So then I started changing my whole eating pattern."

-FORMER FLEXIBLE SERVICES PROGRAM CLIENT



³ For some clients, depending on their ACO and date of enrollment, the program duration was 9 months. However, all analyses in this report will consider only the first 6 months of programming for each client in order to compare outcomes across a consistent time period. Additionally, some clients were able to be re-referred to the program for another 6-9 months of services, but any data from re-referrals has also been removed from this analysis.

⁴ In cases where the coordinator did not speak the client's language, a translation service was used.



FLEXIBLE SERVICES PROGRAM: NUMBER OF NEW CLIENTS SERVED (2020-2024)



15,986 unique clients served under the Flexible Services Program model

Note. Data reflects the number of clients who received services during this period (N = 15,986)

PROGRAM POPULATION & SERVICE UTILIZATION

THE PROGRAM EFFECTIVELY REACHED A DIVERSE POPULATION WITH RESPECT TO AGE, RACE/ETHNICITY, AND LANGUAGE.

Between 2020 and 2024, Project Bread’s Flexible Services Program received referrals for 18,009 patients and successfully served 15,986 (contact rate: 88.8%). The present analysis includes 11,068 clients with initial assessment data who received services between January 1, 2021, and December 31, 2024 (see footnote for detailed exclusion criteria).⁵

Of these clients, ages ranged from less than 1 year to 64 years, with a mean age of approximately 32.5 years. Almost 29% of clients were children (ages zero to 17). The program served individuals who spoke a wide range of languages, including English (52%), Spanish (32%), Haitian Creole (7%), Cape Verdean Creole (5%) and several others (4%). Client race and

SERVICES UTILIZED BY CLIENTS

SERVICE TYPE	n	%
GIFT CARDS	10,942	98.9%
KITCHEN SUPPLIES	9,647	87.2%
NUTRITION EDUCATION	1,327	12.0%
SNAP REFERRALS	862	7.8%

Note. Data from 2021 - 2024 (N = 11,068); Supplemental Nutrition Assistance Program (SNAP)

ethnicity were distributed as follows: Hispanic or Latino (40%), Black (26%), White (21%), other backgrounds (5%), and missing data (8%).

Relative to service utilization, nearly all clients (99%) received food vouchers and most (87%) received kitchen supplies. A smaller share participated in nutrition education through classes or counseling (12%), and 8% of clients received direct referrals to Project Bread’s FoodSource Hotline for help connecting to SNAP.

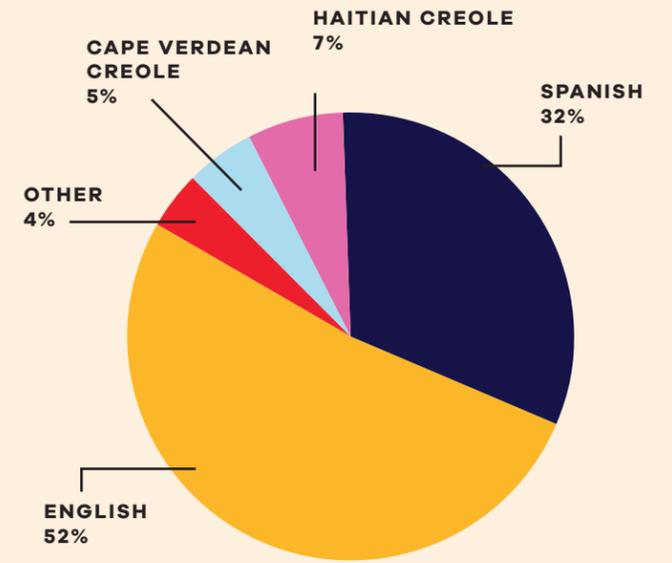
→ **“I have developed a strong connection with clients who share a cultural background similar to my own. Sharing the same roots and values allows me to build trust and create meaningful connections in my work. Clients feel heard, respected, and supported, and they often express appreciation for the care and assistance I provide.”**

- NUTRITION SERVICES COORDINATOR

⁵ Exclusions included clients from 2020, when the program was in its development phase (n = 1,742), clients who began services on or after July 1, 2024, as they lacked the time for six months of programming (n = 1,943), clients without membership at the ACOs included in the analysis (n = 648), clients with no initial assessment data as a baseline (n = 429), clients with missing and/or incomplete services or follow-ups after initial assessments (n = 155), and clients whose services followed an implausible or conflicting timeline (n = 19)

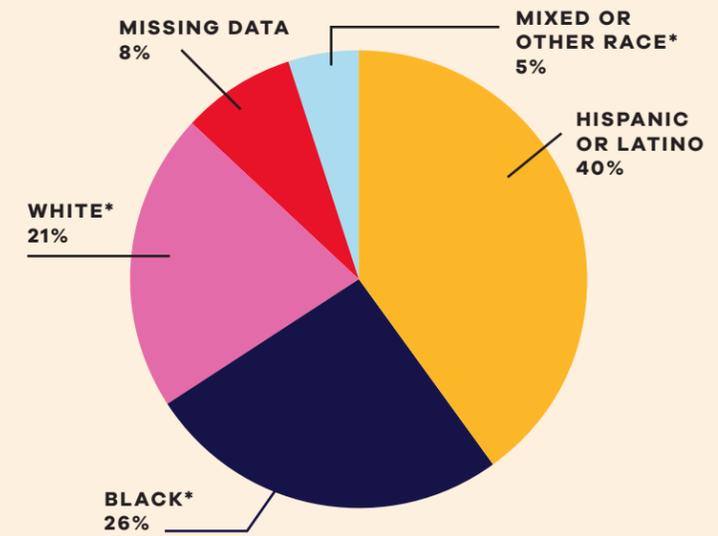
⁶ Race and ethnicity were combined into one variable. Hispanic/Latino clients may have been any race. Clients in other groups (Black, White, or other backgrounds) were not Hispanic/Latino.

PRIMARY LANGUAGES SPOKEN BY FLEXIBLE SERVICES PROGRAM CLIENTS



Note. Data from 2021 - 2024 (N = 11,068); other languages spoken by clients include Portuguese, Vietnamese, Arabic, and Chinese

RACE & ETHNICITY OF FLEXIBLE SERVICES PROGRAM CLIENTS



Data from 2021 - 2024 (N = 11,068); *Non-Hispanic or Latino

COST SAVINGS

PROGRAM PARTICIPATION LINKED TO MEASURABLE SAVINGS FOR HEALTH PLANS

There is evidence that Project Bread’s Flexible Services Program demonstrates cost savings for ACOs through the reduction of avoidable health care utilization. Data from Project Bread’s partner ACOs show that the program not only lowers overall health care expenditures but also contributes to a reduction in emergency department visits.

Similarly, another ACO partner reported measurable declines in emergency department visits at both six- and twelve-month follow-up intervals. These changes were associated with an estimated \$1,100 per member in cost savings relative to a comparison group, indicating that the program may help reduce high-cost, preventable care episodes.

Using payer claims data, in a sample of 1,629 members for one ACO partner, members served by Project Bread experienced a reduction of 28.8% in total cost of care per member in the 12-month period before enrollment with Project Bread compared to the 12-month period after enrollment. This reduction is equivalent to approximately \$6,360 in annual savings per member, or more than \$10.35 million in total annual cost-of-care savings.⁷



“They don’t go to the emergency room anymore. Before, they used to go to the emergency room a lot, because they’re looking for food, looking for water.”

– COMMUNITY HEALTH WORKER

\$10.35 million annual savings

Across 1,629 clients in one year

REPORTED BY ACO PARTNER



⁷ Program costs were not deducted from the savings, and the analysis did not include a comparison group.



Average A1c levels fell from 10.94 to 9.55 within six months.

HEALTH OUTCOMES

PROGRAM PARTICIPATION LINKED TO IMPROVED TYPE 2 DIABETES MANAGEMENT

Data from one ACO partner indicate that Project Bread’s Flexible Services Program was associated with measurable improvements in Type 2 diabetes outcomes. Among clients who entered the program with the poorest glycemic control, average A1c levels fell from 10.94 to 9.55 within six months, suggesting meaningful improvements in blood glucose control over a relatively short period.



“My A1c and my sugar levels were really high. It was like a 13, which is really high. Now I’m a 7. So, it brought my sugar levels down a lot by using those classes, and listening, and them explaining how diabetes works.”

– FORMER FLEXIBLE SERVICES PROGRAM CLIENT

PROGRAM OUTCOMES

PROGRAM SHOWS SIGNIFICANT IMPROVEMENTS IN FOOD SECURITY, DIETARY HABITS, AND NUTRITION-RELATED SKILLS

Of the 11,068 clients included in the present analysis, 8,469 completed six months of Project Bread's Flexible Service Program, resulting in a retention rate of 76.5%. The analysis presented here uses all available paired data from initial assessment to six-month follow-up calls to assess changes in key indicators of interest.

Participation in the program was associated with meaningful improvements in self-reported food security, dietary habits, and nutrition-related skills among clients, demonstrating the program's effectiveness in supporting healthier behaviors and overall well-being. Notably, the rate of food insecurity among clients decreased by 15.3 percentage points, from 94.6% at the initial assessment to 79.3% at program completion.

Clients reported an average increase of 0.6 servings of fruits and vegetables per day, equivalent to roughly four additional cups per week. Clients' confidence in their nutrition knowledge also grew substantially, rising from 68.3% feeling confident at the initial assessment to 85.8% at program completion, an increase of 17.5 percentage points.

→ **"I've had patients tell me that they've been able to feed their families during these hard times."**

- **COMMUNITY HEALTH WORKER**



Clients reported measurable improvements in food security and confidence in nutrition knowledge as a result of being in the program.



"I gained more knowledge. With more knowledge, you can guide your family, your siblings, your parents. You want them to have a healthy diet so they don't have to go to the hospital every day to take the medicine there. Sometimes we learn which foods to eliminate and which ones we should eat more of. That helped me a lot."

- **FORMER FLEXIBLE SERVICES PROGRAM CLIENT**

Most clients also reported improvements in health and food preparation abilities. Specifically, at the end of the program, 93.2% of clients indicated that

the program helped them improve their overall health, and 92.2% reported enhanced ability to prepare healthy meals.

In addition, participation in SNAP was high at initial assessment and increased over time, with 83% of members enrolled at initial assessment and 86.4% participating in SNAP by the end of the program. Among participants not receiving SNAP at initial assessment, many of those who were potentially eligible received direct referrals to the FoodSource Hotline; the referrals prompted notable uptake as 38% of those for whom follow-up data was available had taken steps toward enrollment, suggesting the program helped support SNAP engagement. Collectively, these outcomes demonstrate that the program supported food security and behavior change.

CHANGES IN OUTCOMES FROM INITIAL ASSESSMENT TO 6-MONTH FOLLOW-UP

OUTCOME	n	INITIAL ASSESSMENT	6-MONTH FOLLOW-UP	p
FOOD INSECURITY	6,212	94.6%	79.3%	< .001
CONFIDENCE IN KNOWLEDGE OF HEALTHY DIET	7,887	68.3%	85.8%	< .001
SNAP PARTICIPATION	3,649	83.0%	86.4%	< .001

OUTCOMES AT THE END OF THE PROGRAM

OUTCOME	n	%
IMPROVEMENT IN OVERALL HEALTH	3,586	93.2%
INCREASE IN ABILITY TO PREPARE MEALS	3,584	92.2%
INCREASE IN HEALTH CENTER SATISFACTION	3,529	79.0%

PROGRAM OUTCOMES & SERVICE UTILIZATION

CLIENTS WHO RECEIVED FOOD VOUCHERS, KITCHEN SUPPLIES, AND NUTRITION EDUCATION EXPERIENCED SIGNIFICANT IMPROVEMENTS ACROSS SEVERAL OUTCOMES

The 8,469 clients who completed six months of Project Bread’s Flexible Services Program were grouped by the services they utilized in order to assess how changes in food security, diet, and self-reported health outcomes may vary across the groups. The service utilization groups are as follows: food vouchers only (9.9%), food vouchers and kitchen supplies (76.8%), food vouchers, kitchen supplies, and nutrition education (12.3%), and other combination (0.9%). The "other combination" group was dropped from the analyses given the small frequency of occurrence.

Grouping services made it possible to examine the added benefits of including kitchen supplies and nutrition education with food vouchers, showing that providing clients with additional services can

contribute to stronger outcomes over a six-month period. The analysis revealed that clients who received nutrition education in addition to food vouchers and kitchen supplies experienced the most pronounced improvements. These clients showed the greatest increase in fruit and vegetable consumption, averaging about one-third more cups per day, or about two additional cups per week, compared to clients who received food vouchers and kitchen supplies alone.

Similarly, the group who received nutrition education in addition to food vouchers and kitchen supplies had their self-reported health ratings improve more markedly.⁸ For those asked about overall health, the average rating shifted 0.4 points on a 5-point ordinal scale.⁹ The clients asked to

rate physical health followed a similar pattern, with the group who received nutrition education in addition to food vouchers and kitchen supplies demonstrating the largest gains, approximately 0.2 points higher than both other groups.

Beyond measurable health outcomes, receiving nutrition education also contributed to confidence in nutrition knowledge. Clients who received nutrition education in addition to food vouchers and kitchen supplies showed bigger gains in confidence in knowledge of nutrition, compared to the other groups.

Taken together, these findings suggest that integrating nutrition education with food vouchers and kitchen supplies not only supports dietary improvements but also enhances overall health and nutrition knowledge. This evidence indicates that this layered approach provides more benefits than food vouchers and kitchen supplies alone.

⁸ Clients before April 2023 were asked one question about their overall health. Beginning in April 2023, the health rating question was split into two questions, one about physical health and one about mental and emotional health. Therefore, clients either received the overall health question or the physical health question, but not both.

⁹ Both health rating questions were measured with a 5-point scale: Poor, Fair, Good, Very Good, Excellent. The data were translated to numbers (Poor = 1, Excellent = 5) in order to quantify the changes.

COMBINATION OF SERVICES UTILIZED

SERVICES	n	%
FOOD VOUCHERS ONLY	842	9.9%
FOOD VOUCHERS AND KITCHEN SUPPLIES	6,506	76.8%
FOOD VOUCHERS, KITCHEN SUPPLIES, AND NUTRITION EDUCATION	1,043	12.3%
OTHER COMBINATION	78	0.9%

Note. Data from 2021 - 2024 (N = 8,469); The "Other combination" group was dropped from the analyses given the small frequency of occurrence.

IMPROVED PROVIDER RELATIONSHIPS & LASTING BENEFITS

PROGRAM PROMOTES INCREASED SATISFACTION WITH HEALTH CARE PROVIDERS

At the conclusion of the program, clients were asked whether participation had affected their relationship with their healthcare providers. Nearly 8 out of 10 participants (79%) reported that the program had a positive impact on these relationships.

→ **"I think it's comforting to them that their needs are being addressed, so we can shift our conversation to the behavioral health and medical concerns that they might have."**

– **COMMUNITY HEALTH WORKER**

Clients also consistently reported feeling respected and supported by Project Bread’s program personnel throughout their participation, which

likely contributed to the positive impact they experienced in their relationships with other healthcare providers.

Follow-up surveys from six months after program completion revealed the lasting benefits of the program. In one round of surveys, all fifty of the clients surveyed reported that they had continued to use kitchen supplies provided by the program to prepare healthier meals. In another study of 204 clients, where 77.9% were enrolled in SNAP upon program completion, the rate of SNAP enrollment six months later was 77.0%, reflecting continued engagement with federal nutrition assistance. Taken together, these insights highlight the program’s effectiveness in strengthening client-healthcare provider relationships and supporting clients post-program.

POLICY RECOMMENDATIONS

Our findings clearly demonstrate that integrating food and nutrition services into health care improves health outcomes, reduces hunger, and decreases avoidable health care costs. Massachusetts' Flexible Services Program fulfilled its purpose as a demonstration by showing that addressing food insecurity through MassHealth is effective and cost-efficient. On January 1, 2025, the program transitioned to the Health-Related Social Needs (HRSN) program, a supplemental covered benefit for eligible MassHealth members enrolled in ACOs. The transition to the HRSN program represents meaningful progress toward permanence.

At the same time, the evidence is clear that time-limited waivers and supplemental benefits are not sufficient to sustain these outcomes over the long term. Continued reliance on waiver authority creates uncertainty for patients, health care providers, and community-based organizations, and risks disrupting care for patients with ongoing health and nutrition needs.

The research also points to several consistent lessons: a combination of available interventions produce stronger outcomes than food assistance alone; health care-based food security interventions are most effective when they are connected to the broader food security system, including federal nutrition programs like SNAP that provide sustained support; and finally, strong partnerships between health care providers and community-based organizations are essential to delivering culturally responsive care and building patient trust.

Together, these findings point to two core priorities: food and nutrition services must be permanently

integrated within health care services, and the food security programs that support the health care-based interventions must be protected and strengthened.

Achieving these goals will require coordinated action at both the state and federal levels, including administrative, programmatic, budgetary, and legislative steps. Based on the evidence in this report, Project Bread offers the following recommendations:

Permanently Integrate Food and Nutrition Supports into Healthcare.

Food and nutrition services should now move from demonstration to permanent coverage within the Commonwealth's healthcare system.

- **Massachusetts leaders should ensure full funding and continuity of food and nutrition services within MassHealth.** This includes continuing all existing services in the current 1115 waiver and preventing disruptions during future waiver transitions.
- **Massachusetts leaders should establish a pathway to permanent MassHealth coverage.** Food and nutrition services should move beyond waiver-based authority into permanent coverage with designated billing codes.
- **Federal policymakers should build on Massachusetts' experience.** Federal policymakers should ensure all states can cover food and nutrition services through Medicaid, without the need for a waiver, and create clear pathways to expand these services across additional payment structures, such as Medicare and private insurance.

Protect the network of food security interventions.

Healthcare-based nutrition services cannot succeed in isolation. The research shows that strong outcomes depend on consistent access

to affordable food beyond the clinic. SNAP participation remained high among program participants, but benefit levels were often insufficient and access remains unequal. Federal changes under the One Big Beautiful Bill Act (OB3) will further reduce eligibility and create confusion that deters eligible households from applying or staying enrolled. To protect the progress demonstrated in this report, stronger action is needed.

- **Massachusetts leaders should strengthen SNAP access and adequacy.** This includes investing in Department of Transitional Assistance (DTA) staffing and systems, fully implementing the common application to connect MassHealth members to SNAP, and pursuing a state SNAP supplement to address the gap between current eligibility and/or benefit levels and the true cost of food for families.
- **Massachusetts leaders should mitigate the impacts of OB3.** This includes addressing eligibility losses tied to expanded work reporting requirements and immigrant exclusions, and countering the chilling effect that keeps eligible households from seeking assistance.
- **Massachusetts leaders should sustain complementary nutrition programs.** This includes full funding for universal school meals and continued investment in the Healthy Incentives Program (HIP), which increases purchasing power for fruits and vegetables and reinforces the health gains seen through health care-based interventions.
- **Federal policymakers should protect and strengthen SNAP and Medicaid.** Federal action is essential to prevent benefit reductions and preserve eligibility by overturning the harmful impacts of OB3 and investing in increased benefits and eligibility for these critical programs.



LET'S KEEP THE WINS GOING.

**MAKE HRSN
PERMANENT.
WE CAN DELIVER
BETTER HEALTH
AND LOWER
COSTS FOR
ALL OF
MASSACHUSETTS.**



CONCLUSION

PROJECT BREAD IS COMMITTED TO SUPPORTING THE FUTURE OF FOOD ACCESS THROUGH HEALTH CARE

At Project Bread, we know that food insecurity is a public health issue with far-reaching consequences for families and communities across Massachusetts. Project Bread's Flexible Services Program demonstrated that when food and nutrition supports are integrated into health care delivery, they not only reduce food insecurity but also improve health outcomes, strengthen relationships between patients and providers, and lower healthcare costs. Our work shows that combining nutrition education with food resources produces lasting improvements in dietary habits and well-being.

MassHealth's transition from the Flexible Services to the Health-Related Social Needs (HRSN) program is a major milestone, reflecting what we

have long known: health care serves as a critical access point for addressing food insecurity. But temporary waivers cannot sustain these gains. We urge MassHealth to make HRSN a permanent, fully covered benefit, ensuring that every resident can access the food and nutrition support they need. At the same time, federal and state programs such as SNAP, school meals, and the Healthy Incentives Program must be strengthened and protected, because healthcare-based interventions cannot succeed in isolation.

By making healthcare-based food and nutrition services permanent and fully integrated, Massachusetts will lead the nation in addressing food insecurity as a solvable problem.

