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CRAIN'S HEALTH PULSE

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Q&A: Public health leader on how providers can better assess patients for food insecurity

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- Telemedicine mental health provider Valera scores \$44.5M Series B
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 REPRINTS

For years researchers have studied the prevalence of food deserts in the city: neighborhoods where New Yorkers don't have immediate access to grocery stores. But

pouring resources into eradicating the food deserts might not have as great of an impact if the supermarkets that move into the neighborhoods are priced inappropriately.

So says Nevin Cohen, an associate professor at the CUNY Graduate School of Public Health and director of the CUNY Urban Food Policy Institute. Cohen spoke with *Crain's* about the most recent data to come out of a National Science Foundation–funded program he's working on. He also addressed the implications economic barriers to nutritious food can have for health care providers, as well as potential solutions when food is just too expensive.

What was your sample size in the NSF study, and what were the results?

The project is part of a National Science Foundation–funded pilot program under the Smart and Connected Communities program of the NSF to identify ways that researchers and community organizations can collaborate to make new technologies, information and communication technology to address urban issues. The issue we're focusing on is inequities in the urban food environment. We were funded to create a food-equity dashboard for New York City. The goal of the dashboard is to enable service providers, like emergency food pantries, and advocates and city officials to make better decisions about food policy. It's also a way to provoke discussions about new ways of thinking about food policy. One of the issues is around access and food insecurity. A lot of policies were focused on putting new supermarkets in underserved areas, opening farmers markets and other projects to make food physically more accessible to people. Our focus is on demonstrating that economic access is really the determinant of whether people can afford healthy food.

We're in the process of creating a dashboard with a number of indicators such as enrollment in the Supplemental Nutrition Assistance Program [and others]. This is aimed at showing that economic factors are important to food access. We scraped the website of Key Foods, which has price information at individual stores throughout the five boroughs online, with the products that were common at the stores across the city. We looked at the product code so we were comparing literally apples to apples. We expected to see some variation in prices, but what we found was a very large variation in price across different products, like cooking oil, eggs and milk. The point of illustrating this in a dashboard is to provoke questions about why prices vary so much and whether that is affecting people's ability to buy healthy food. We also compared that to areas where people are rent-burdened. There are all these upstream determinants of healthy eating

that are really critical, and unless we address the cost of living, we can't solve the problem of food insecurity.

On the election ballot for the city is a provision that would require New York to publish the cost of living here as a way to illustrate the constraints people face in different neighborhoods in paying for rent, clothing and other things.

What are the city's food insecurity programs like now, and how could they change?

The city has a variety of incentives [to encourage new supermarkets to open and for people to buy healthful food] such as HealthBucks and hospital food prescription programs. We hope that this element of the dashboard will prompt people to ask questions about the cost of food in neighborhoods, to really focus attention and policy on where there are lower-income people living with higher-priced food retailers, and tailor policies to provide financial incentives in neighborhoods where the cost of living is really expensive. For example, there are many NYCHA developments in neighborhoods that are already gentrified or gentrifying, and where the food retailers are pricing their products for more affluent populations. That becomes a problem if you're living in a NYCHA development.

Policy needs to focus on income and food prices rather than just proximity to food. It's one thing to bring a retailer into a neighborhood, but if the prices they're charging are unaffordable, people have to spend their time getting affordable food [elsewhere] or wind up spending more of their income on food.

What implications would you think the data has for health care providers in such neighborhoods?

There are a number of exciting programs being developed and tested in different hospital systems [and insurers], such as New York City Health + Hospitals and Healthfirst to provide lower-cost produce boxes for participants. There's a pharmacy program that the city established to get New Yorkers with high blood pressure a prescription for fresh fruits and vegetables. These programs encourage patients to eat healthier, but they also offer some form of discounted produce. That's the key. It's not sufficient for an insurer or hospital system to advise patients to eat healthier without ensuring that they can afford to actually buy healthy food.

One other thing I think can be expanded is screening of food insecurity. Many providers have screening that might include questions about whether the household has to skip

meals, or whether they can afford to eat what they want to eat. But those questions can be more detailed to understand which clients are facing economic food insecurity.

**What if the health care provider doesn't have one of the programs you just discussed?
What are some possible solutions?**

One solution is to make sure that everyone who qualifies for federal programs, like SNAP, is enrolled in those benefits. Those are important, come from the federal government, and the city doesn't have to pay for them. School meals is another one. We have another indicator on our dashboard showing that the participation in the city's school lunch program, which is now universally free for all students, varies between schools just a couple blocks from each other. We're hoping that the dashboard visualization will encourage parents to ask questions about why that is the case. The program is at virtually no cost to the city, but school food is an important cost saver for parents, and the meals are nutritionally balanced.

Interview by Jacqueline Neber

Telemedicine mental health provider Valera scores \$44.5M Series B

Virtual mental health provider Valera Health has raised \$44.5 million in equity funding during its Series B round, led by Heritage Group, bringing its total funding to \$71.4 million across eight funding rounds.

Based in Williamsburg, Valera offers therapy and psychiatry services for users ages 6 and older across 10 states, in partnership with more than 35 health plans. The majority of patients who utilize Valera do so through their insurance plan.

The platform takes an interdisciplinary approach to mental health care, employing nurse practitioners and care managers in addition to therapists and psychiatrists. Currently 99% of its services are virtual, Chief Executive Thomas Tsang said.

Valera started in 2015 as a technology platform for behavioral health coordination. It transitioned to being an integrated telehealth service provider in the summer of 2020, when demand for virtual care boomed.

A Kaiser Family Foundation analysis in March of data from Cosmos, a HIPAA-defined limited data set of more than 126 million patients, found that from March to August 2020, telehealth represented 40% of mental health and substance use outpatient visits and 11%

of other outpatient visits. (Before the Covid-19 pandemic, telehealth had accounted for less than 1% of all forms of outpatient care.)

Since then, demand for virtual mental health and substance use treatment has remained strong, clocking in at 36% of outpatient visits for such services from March to August 2021.

Valera's new funding, Tsang said, will go toward adding practitioners to expand capacity for children and adolescents; users with severe mental illness; patients experiencing PTSD and other forms of trauma; and users with comorbidities, such as those with a mental health condition who also use substances. He added that the funding also will support investments in technology and in artificial intelligence to improve virtual service delivery.

The company recently expanded in the city beyond its Williamsburg flagship, opening an office in Lower Manhattan. In addition to New York, Valera offers services in New Jersey and Connecticut, as well as Arizona, Florida, Massachusetts, Oregon, Texas, Vermont and Washington. —Shelby Rosenberg

Residents and fellows at Montefiore announce they've formed a union, ask health system for recognition

Residents and fellows at Montefiore Medical Center have formed a union with supermajority support, they announced Tuesday, and have asked that the health system voluntarily recognize their efforts.

The residents and fellows have been talking about forming a union for years, said Libby Wetterer, a third-year family medicine resident rotating at multiple Montefiore campuses. She said physicians at Montefiore tried to unionize in the 1970s and the early 2000s. This time around, she said, they were spurred by seeing how powerful nurses unions can be when advocating for better staff ratios and patient care. It became a priority during the Covid-19 pandemic.

"It's difficult to organize," Wetterer said. "Getting a critical mass of people together was tough."

Now that a union has been formed, she said, the residents and fellows want to work on bettering staff ratios and reducing the number of hours they typically work per week, from 80 to 70, in order to ease burnout. Residents and fellows have taken note of how Montefiore recently expanded outside of the Bronx, she added, and the union also could try to ensure the health system remains accessible to patients in the borough.

Additionally, she said, having a union will help residents and fellows fight against the “exploitative” residency system.

“We are here to learn,” she said, “but we’re often the ones working nights, weekends and late hours—which leads to burnout and is not good for the longevity of the health system.”

Montefiore needs to respond by Friday, Wetterer said. If the health system doesn’t voluntarily recognize the union, she said, it will move to a vote.

When asked to provide a comment addressing the union, a Montefiore spokesperson gave the following statement: “Montefiore Einstein is nationally recognized for clinical excellence and for delivering patient-centered care to the most diverse urban areas in the country, where the population is global, the disease burden is high and the need for quality care is great. Our residents come here armed with a passion to address those challenges and a commitment to carry those experiences into the demanding roles they are likely to step into. Our success and our reputation are grounded in the world-class training we provide and the compassionate care we extend, not just to our patients but to our residents and all who make the selfless commitment to provide care here.”

The Montefiore Health System operates 10 hospitals and more than 200 outpatient sites, including a network of federally qualified health centers that help connect underserved patients with resources. Some providers and community advocates have said the health system’s plan to consolidate three of its Bronx clinics would [sidestep](#) public review and create accessibility issues for patients. —J.N.

Burke Rehabilitation expands Bronx therapy services

Burke Rehabilitation Hospital in White Plains has expanded its therapy services, with the announcement of a new location in the Bronx at Simone Development’s Hutchinson Metro Center. The location continues the partnership between the two, as Burke Rehabilitation had been a tenant at a previous Bronx location since 2007.

The new facility is said to be more than twice the size of its former space, with five treatment rooms for physical and occupational therapy. Speech and swallowing therapy services are offered as well. A total of 15 providers will be able to see approximately 8,000 more visits per year, according to Burke spokesperson Margaret Smith.

Burke Rehabilitation, the only hospital in Westchester County dedicated solely to adult and child rehab medicine, touted new features at the facility, such as two large high-low

treatment tables, two sets of high-low parallel bars for balance and gait training, and a body weight–support track system, which is to be used for ambulation, balance and transfer activities, according to a news release.

The expansion brings Burke Rehabilitation, an extension of Montefiore Health, to more than 13,000 square feet on the sixth and 10th floors of Hutchinson Metro Center’s Tower 1.

“The new therapy space at Hutch Metro will allow us to continue to provide excellent multidisciplinary rehabilitative care in a more spacious and comfortable environment,” site supervisor Jonathan Mroz said in a news release. “The new location will allow Burke to better serve the rehabilitative needs of the Bronx community.”

Joseph Simone, president of Simone Development, said, “The property’s convenient location and Class A amenities make the campus a highly sought-after destination for some of the region’s leading medical, office, educational and retail tenants.”

Hutchinson Metro Center Tower 1 pricing information is not available. According to PropertyShark, comparable office spaces in the Bronx whose price information is available have rented for between \$29 to \$45 per square foot per year, which would make the Burke’s office space alone close to \$400,000 annually at minimum. The Burke lease is for 15 years with options for renewal, according to Smith.

Burke Rehabilitation Hospital is part of the Montefiore Health System, which operates 10 hospitals and more than 200 outpatient sites, including a network of federally qualified health centers that bring care to underserved New Yorkers. —K. Jared Wright

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AT A GLANCE

TRIAL ACCESS: Valley-Mount Sinai Comprehensive Cancer Care has received \$652,000 from Becton, Dickinson and Company to fund initiatives to increase patients' access to

clinical trials and other opportunities for underrepresented patient groups. The Valley Health System is one of 75 research sites across the country that were selected in 2021 to participate in a pilot project focused on increasing diversity among cancer clinical trial participants. The American Society of Clinical Oncology and the Association of Community Cancer Centers launched the pilot.

REVENUE DECLINE: CVS Health expects that it will see a \$2 billion revenue drop in 2024 because it has lost its pharmacy contract with Centene and will lose bonus payments from the Medicare Advantage quality rating program, according to the company's third quarter earnings call Wednesday, *Modern Healthcare reports*. Aetna, which is a CVS subsidiary, experienced the second largest drop in Medicare Advantage stars after Centene.

ANTI-POVERTY RESEARCH: The city Department of Social Services has awarded the Rand Corporation about \$1.6 million to study and evaluate the city's anti-poverty programs. The Rand Corporation is based in Santa Monica, California and conducts health care research across topics such as Covid-19, community health and others.

WHO'S NEWS: The "Who's News" portion of "At a Glance" is available online at [this link](#) and in the Health Pulse newsletter. "Who's News" is a daily update of career transitions in the local health care industry. For more information on submitting a listing, reach out to Debora Stein: dstein@crain.com.

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