



The Future of Food is Medicine

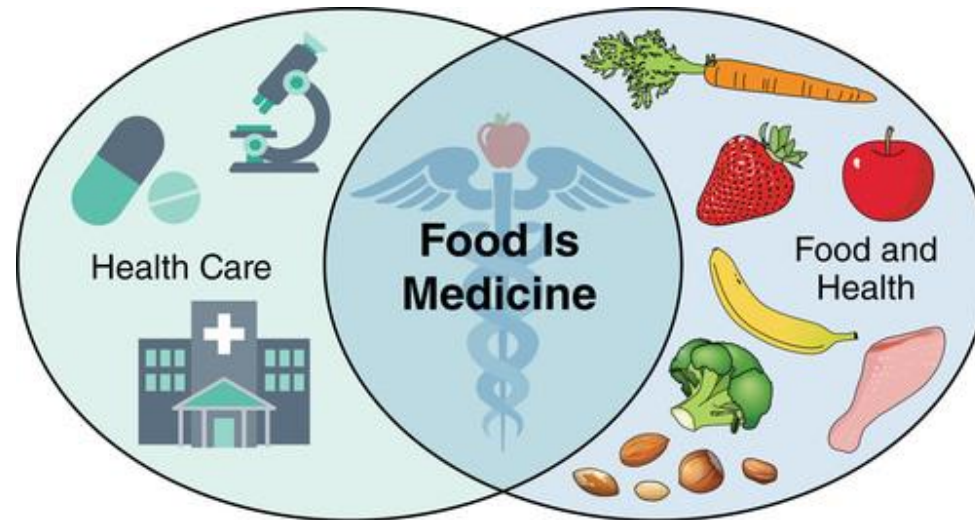
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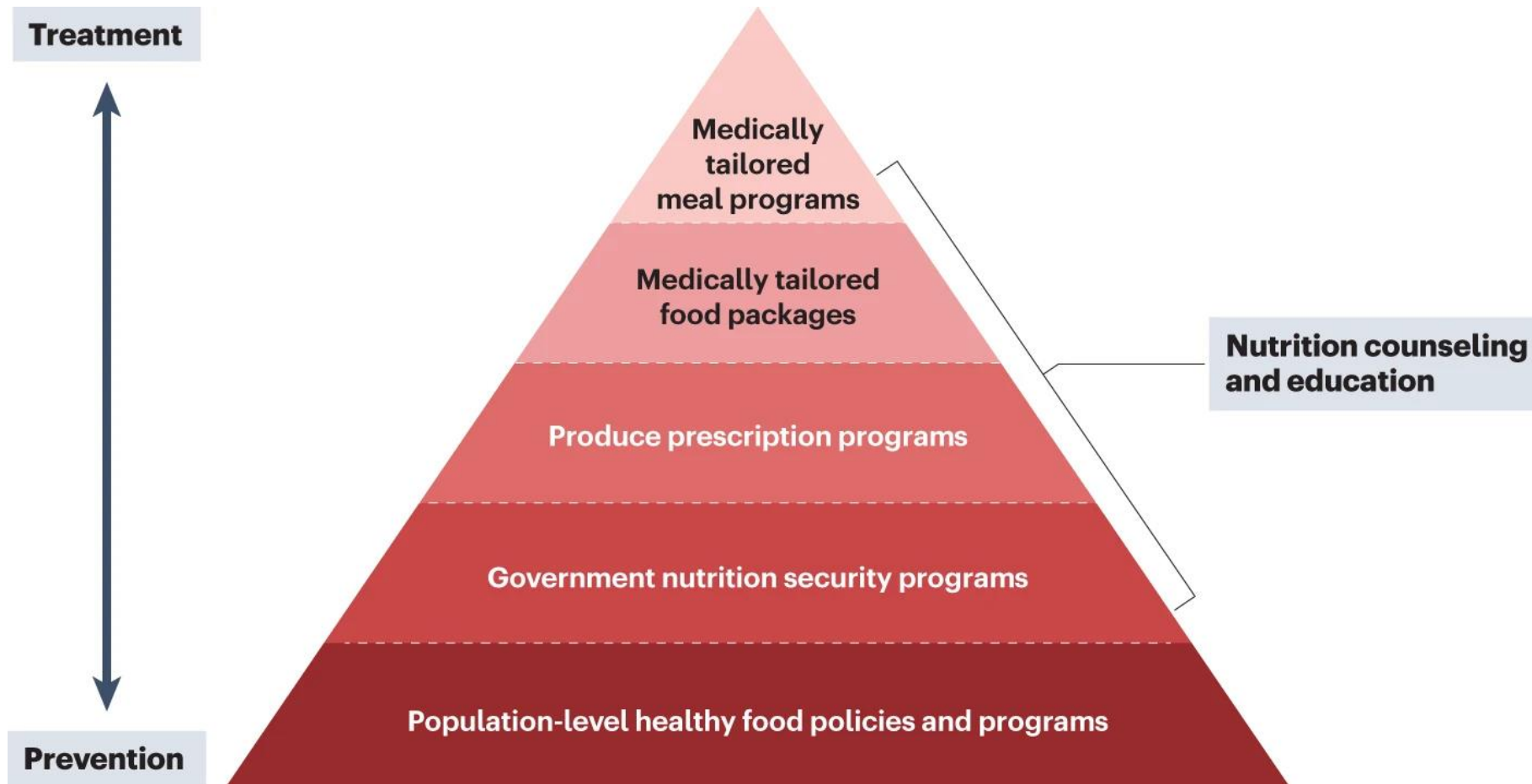
ASSISTANT PROFESSOR

DEPARTMENT OF EXERCISE SCIENCE

Definition

The provision of **healthy foods** to prevent, manage, or treat specific clinical conditions in a way that is **integrated with the healthcare sector**







Menu	
Grilled Chicken Sandwich	380 calories
Fried Chicken Sandwich	570 calories
Sparkling Water	0 calories
Soft Drink	250 calories

Population-level policies and programs



Description: Programs and policies to address environmental barriers to nutritious food access

Target population: General population





Government nutrition security programs

Description: Screening, connecting, and supporting enrollment of patients in govt nutrition programs

Target population: Patients from low-income or marginalized households with food and/or nutrition security



Produce prescriptions

Description: Discounted or free produce redeemable at certain locations, picked up in a healthcare setting, or home delivered (e.g., vouchers, EBT cards)

Target population: Patients with a dietary health risk or chronic condition (e.g., diabetes, hypertension) or those who have food insecurity



Medically tailored groceries

Description: Nutritious food that is pre-selected by qualified professionals to meet specific medical and nutritional needs

Target population: Patients with a dietary health risk or chronic condition who can still prepare and cook their own meals



Medically tailored meals

Description: Prepared, tailored meals delivered to individuals via referral from a medical professional

Target population: Patients with severe, complex chronic conditions that limit activities of daily living

The Rockefeller Foundation to Increase Investment in U.S. Food is Medicine Solutions to \$100 Million

PRESS RELEASES

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HHS Hosts First-Ever 'Food is Medicine' Summit, Launches Three Public-Private Partnerships

On Tuesday, January 31, the U.S. Department of Health and Human Services (HHS) hosted its first-ever Food is Medicine summit in Washington, D.C., an all-day summit for stakeholders at the intersection between food and health. Secretary Xavier Becerra (pronounced Ha-vee-air Beh-sehr-rah) opened the summit by announcing three new public-private partnerships with Instacart, Rockefeller Foundation, and Feeding America. All three partnerships will support HHS's nutrition goals.



American Heart Association®

Health Care  Food™

Accelerating the Integration of Food Is Medicine in Health Care

POSITION STATEMENT:

Prioritize “Food is Medicine” Initiatives in the 2023 Farm Bill for Human and Planetary Health

(AUGUST 2023) Elizabeth L. Adams, PhD, University of South Carolina; Roger Figueroa, PhD, MPH, MSc, Cornell University; Kristi E. White, PhD, University of Minnesota; Brooke M. Bell, PhD, Tufts University; Katie Alegria, PhD, University of California, San Francisco; Amy L. Yaroch, PhD, FSBM, Gretchen Swanson Center for Nutrition

SUMMARY STATEMENT:

The Society of Behavioral Medicine supports funding for policies in the 2023 Farm Bill that align with a Food is Medicine framework and address multiple dimensions of human and planetary health.

THE PROBLEM:

U.S. diets largely include energy-dense, nutrient-poor foods that are unsustainable for human and planetary health. These diets lead to chronic diseases,¹ early death,² greenhouse gas emissions,^{3,4} environmental pollution,⁴ and cost the health system billions of dollars each year.⁵ Further, the consequences of poor diets are distributed inequitably across populations, with communities subjected to marginalization bearing the greatest burden.^{6,7} Large-scale investments are needed in the U.S. to improve diets and their impact on health, the environment, and economy.

A Food is Medicine (FIM) framework is designed to improve dietary patterns by incentivizing nutrient-rich foods (e.g., fruits, vegetables, whole grains) to prevent, manage, and treat chronic diseases in a healthcare setting.⁸ A range of interventions fall under the FIM framework. This policy brief highlights two: (1) produce prescription programs, which provide patients with fresh fruits and vegetables through prescriptions from healthcare providers and (2) medically tailored meals and groceries, which treat chronic conditions by prescribing nutritionally-tailored foods.⁹ FIM interventions improve health outcomes, boost local economies, and reduce healthcare expenditures.⁹⁻¹³ Further, diets rich in plant-based foods (i.e., fruits, vegetables), which are supported by FIM interventions, are more environmentally sustainable.¹⁴ Thus, FIM interventions have the potential to provide co-benefits for both human and planetary health.



Yet, long-term federal investments for initiatives that fall under the official FIM category are much more recent and insufficient for providing adequate nutritious foods to all Americans. Urgent legislative action is needed to invest in more FIM efforts to address the compounding health and environmental crises.

CURRENT POLICY:

The most recent 2018 Farm Bill included \$250 million for fruit and vegetable financial incentives through the Gus Schumacher Incentive Program (GusNIP).¹⁶ Ten percent of these funds (\$25 million) were allocated to small demonstration projects for produce prescription programs (funding ≈ 10 grants/year). This was the first formal investment in produce prescription programs at the federal level, followed by additional one-time funding of \$40 million from the American Rescue Plan Act in 2022.¹⁷ The success of these pilot programs warrants greater federal investments for an increased number and dollar amount for produce prescription projects through GusNIP.¹⁸ Greater financial investments in produce prescription programs directly align

Challenges and opportunities

Challenges

- Logistical, financial, and institutional barriers in clinical practice and insurance policies
- Misalignment between dietary guidelines and food assistance efforts (historically)

Opportunities

- Cross-sectoral approach to move from a food sufficiency to nutrition security focus
- Ample opportunities to blend nutrition education with food provision
- Several programs and policies can be strengthened through a FIM lens



How do we support the next generation of medical professionals to adopt FIM approaches in training and practice?



Can we identify pathways to better align FIM programs/policies with the Dietary Guidelines for Americans?



How can we use FIM as an equity-centric framework to address diet-related health inequities?

Future directions

Let's hear from
our presenters!

