WASHINGTON, D.C. | APRIL 10, 2024

Food is Medicine Advocacy Day

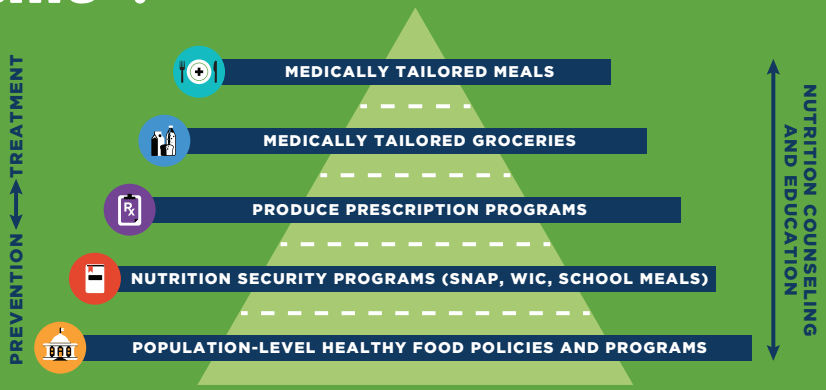
Food is Medicine can play a critical role in addressing the growing disease burdens, costs, and inequities in diet-related illnesses in your community and across the nation.

The **Food is Medicine Advocacy Day** is proudly organized by the following collaborators:

American Heart Association. | CHLPI Center for Health Law and Policy Innovation, Harvard Law School | Tufts University, Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, Food is Medicine Institute | Hunger Free America | instacart | John Hancock | NPPC National Produce Prescription Collaborative | pb Pennington Biomedical Research Center, Louisiana State University

What is "Food is Medicine"?

Food is Medicine (FIM) interventions reflect the critical link between nutrition and health, integrated into health care delivery. These include programs that provide nutritionally tailored meals, groceries, and produce to support disease management, prevention, or optimal health and are linked to the health care system as part of a patient's treatment plan.



Source: Adapted from J Am Coll Cardiol. 2024 Feb, 83 (8) 843–864.

Why is Food is Medicine Important?

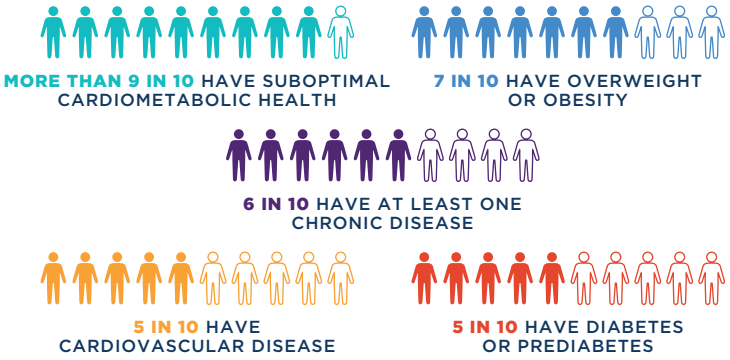
Good nutrition is essential for achieving and maintaining health.

- Poor diets are the leading cause of death and disability in the United States,[1] as nutrition has strong ties to illnesses such as heart disease, stroke, cancer, and diabetes.
- While Americans of all incomes, races, and ethnicities — and in all locales — suffer from high levels of diet-related diseases, those with lower incomes, living in rural communities, and from historically marginalized racial and ethnic groups are at even higher risk.[2,3]

The economic costs of treating diet-related disease are significant.

- Health care spending for people with chronic diseases — many of which are diet-related — and mental health conditions accounts for 90% of annual U.S. health care costs.[5]

Among U.S. Adults:[4]



- The combined health care spending and lost productivity from suboptimal diets and food insecurity cost the economy $1.1 trillion each year.[6] This equals the entire economic output of the food system — for every $1 spent on food, the economy loses $1 in health harms.

FIM initiatives can manage or prevent a range of diet-related illnesses:

Medically tailored meals (MTMs) provide home-delivered, nutritious meals customized for patients with severe chronic conditions and limitations in activities of daily living (ADLs). Patients are identified and referred by a medical professional or health care plan. The meals are designed by a Registered Dietitian Nutritionist (RDN), tailored to the patient's nutritional and medical needs.

Medically tailored groceries (MTG) are healthy, curated food products that aim to treat specific diet-sensitive conditions and support health. These may be picked up in the clinic, purchased with an electronic debit card in the grocery store, or delivered to patients at home.

Produce prescriptions (PRx) offer free or discounted produce (fruits, vegetables, and sometimes other healthy foods) to ambulatory patients based on a range of eligibility criteria. The financial support can be implemented using a paper voucher or electronic cards redeemable at local farmers' markets or retail grocery stores, with delivered food packages, or with online grocery ordering.

Eligibility criteria for different FIM initiatives generally include the presence of a diet-sensitive condition (e.g., diabetes, heart failure, obesity, hypertension, kidney disease, cancer, high risk pregnancy), as well as social stressors like low income, food insecurity, or housing instability.

Nutrition and culinary education are an important part of FIM interventions, and can be delivered through one-on-one, group, or telehealth Registered Dietitian Nutritionist (RDN) or community health worker counseling; cooking classes; and online, email, and SMS text and videos.

The FIM framework includes broader interventions that can support health and well-being through promotion of healthier dietary habits:

Nutrition security programs include federal, state, and charitable programs that aim to help individuals with food and nutrition insecurity eat a better diet. The health care system can intersect with these programs through screening for food and nutrition insecurity and providing application assistance or referral to these programs (e.g., school meals, WIC, and SNAP).

Population-level healthy food policies and programs are interventions to address systems and environmental barriers to healthy eating. Examples include employer-based wellness programs that incorporate incentives for healthy eating; nutrition standards for foods procured by institutions (e.g., school meals, worksite cafeterias); and FDA efforts around labeling and additives.

Recent Research Findings Highlight the Potential of FIM

- National implementation of MTMs in Medicare, Medicaid, and private insurance for the estimated 6.3 million Americans who have both a major diet-related condition and limited ability to perform ADLs could avert approximately **1.6 million hospitalizations and result in net savings of $13.6 billion in health care costs in the first year alone**, after accounting for program implementation and meal costs.[7]
- National implementation of produce prescription programs for the estimated 6.5 million Americans who have both diabetes and food insecurity could **avert 292,000 cardiovascular events and add 260,000 quality-adjusted life years** — a measure of how well a treatment lengthens or improves patients' lives — over a lifetime, while being highly cost effective from a health care system perspective and cost-saving from a societal perspective.[8]

A focus on nutrition is largely missing from the health care system — contributing to the rising disease burdens, costs, and inequities in diet-related illnesses in recent decades.

Food is Medicine can address these growing burdens, but sustained investment in FIM interventions is needed to build a stronger evidence base for effectiveness and impact on health outcomes, which can better inform policy and program decisions.

[1] *JAMA*. 2018;319(14):1444–1472. doi:10.1001/jama.2018.0158.

[2] https://stacks.cdc.gov/view/cdc/106273.

[3] https://www.cdc.gov/diabetes/data/statistics-report/diagnosed-diabetes.html.

[4] Figure reproduced from the *Task Force on Hunger, Nutrition, and Health. Ambitious, Actionable Recommendations to End Hunger, Advance Nutrition, and Improve Health in the United States, August 2022:* https://informingwhc.org/wp-content/uploads/2022/08/Informing_White_House_Conference_Task_Force_Report_Aug22.pdf

[5] https://www.cdc.gov/chronicdisease/about/costs/index.htm.

[6] https://www.rockefellerfoundation.org/report/true-cost-of-food-measuring-what-matters-to-transform-the-u-s-food-system/.

[7] *JAMA Netw Open*. 2022;5(10):e2236898. doi:10.1001/jamanetworkopen.2022.36898.

[8] *J Am Heart Assoc*. 2023;e029215. doi:10.1161/JAHA.122.029215