



- This session is being recorded and will be posted to the NOPREN website shortly.
- All attendees are in listen-only mode. Submit all of your questions through the chatbox.
- Please put your name + institution into the chatbox.

State-of-the-Science: Food is Medicine in 2023

The Challenge and Promise of Food is Medicine

Hilary Seligman MD MAS

Professor of Medicine and of Epidemiology & Biostatistics, UCSF
UCSF Center for Vulnerable Populations

Food Is Medicine



- Integration of specific food and nutrition interventions in, or in close collaboration with, the health care system
- Target population
 - People with or at high risk for certain health conditions (often diet-related)
 - People with or at high risk of food insecurity


Spectrum of FIM Programs

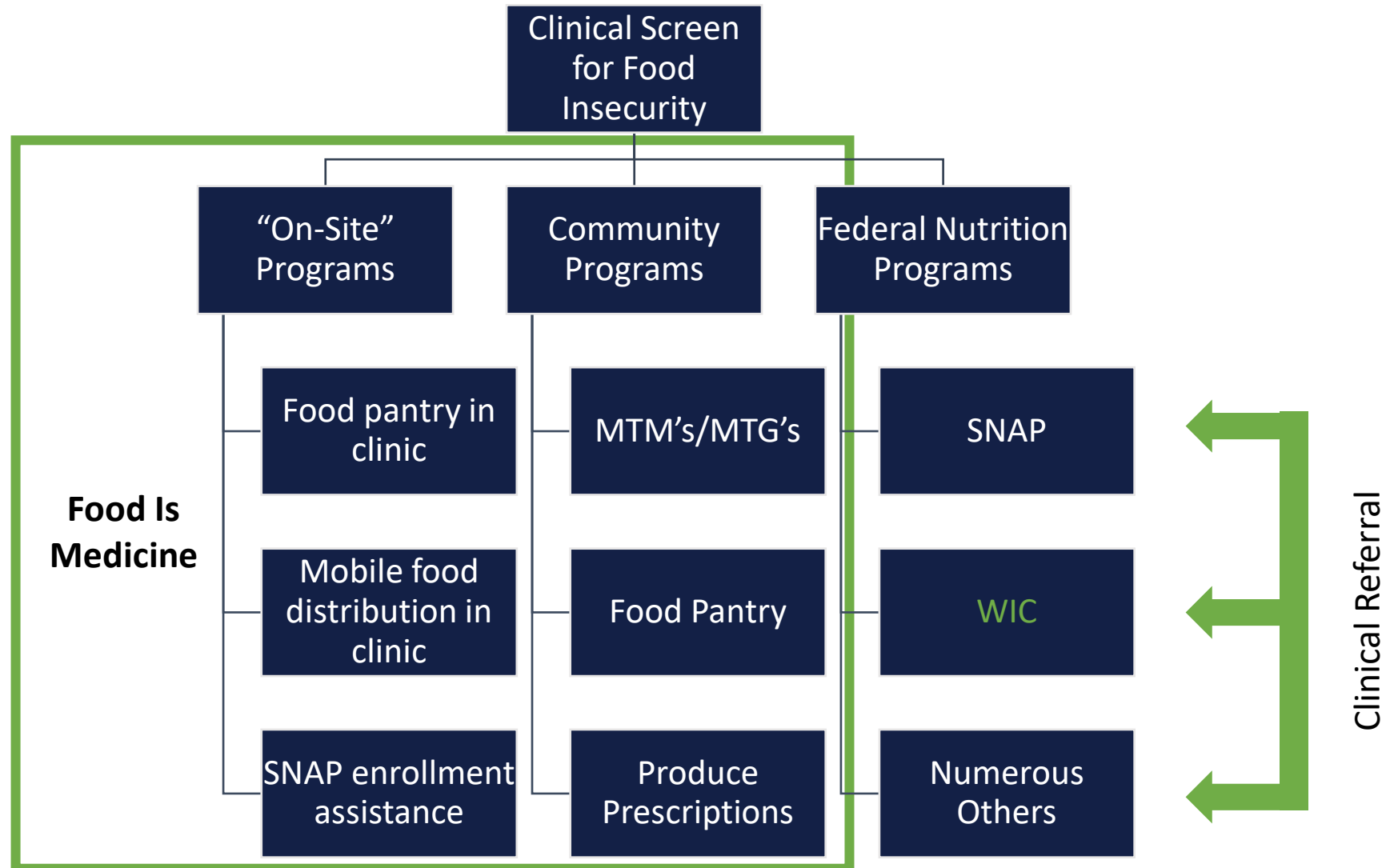
From the perspective of health care

MTM=Medically Tailored Meals

MTG=Medically Tailored Groceries

SNAP=Supplemental Nutrition Assistance Program

 = "food is medicine"





Largest FIM Program

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

PROPOSED UPDATES TO THE WIC FOOD PACKAGES



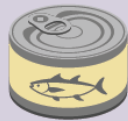
OVERVIEW

WIC is a powerful public health program, proven to help moms, babies, and young children thrive. USDA's Food and Nutrition Service is recommending science-based updates to the food provided to WIC participants to best meet their nutritional needs and foster healthy growth and development. Some of the proposed changes are highlighted below.



BREASTFEEDING SUPPORT

Increase support for mothers who mostly, but not exclusively, breastfeed **to support individual breastfeeding goals**



SEAFOOD

Improve access to **canned fish** to reflect the latest dietary guidance



DAIRY AND EGGS

Provide **more options**, such as different sizes of yogurt containers or substituting soy yogurt for milk or tofu for eggs



FRUITS AND VEGETABLES

Increase **fruit and vegetable benefit by 3-4x**, focus on whole fruit, and increase variety of fruits, veggies, and legumes offered



GRAINS

Expand **whole grain options** to include things like quinoa, blue cornmeal, and whole wheat bagels

Can FIM programs be scaled?

PROVEN

Can FIM programs impact short and long term health outcomes?

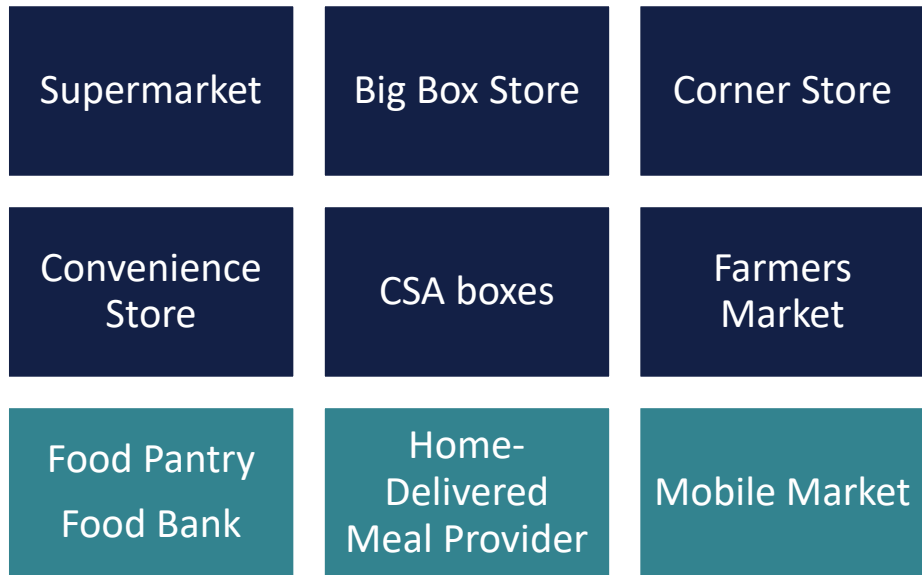
PROVEN

Theory of Change



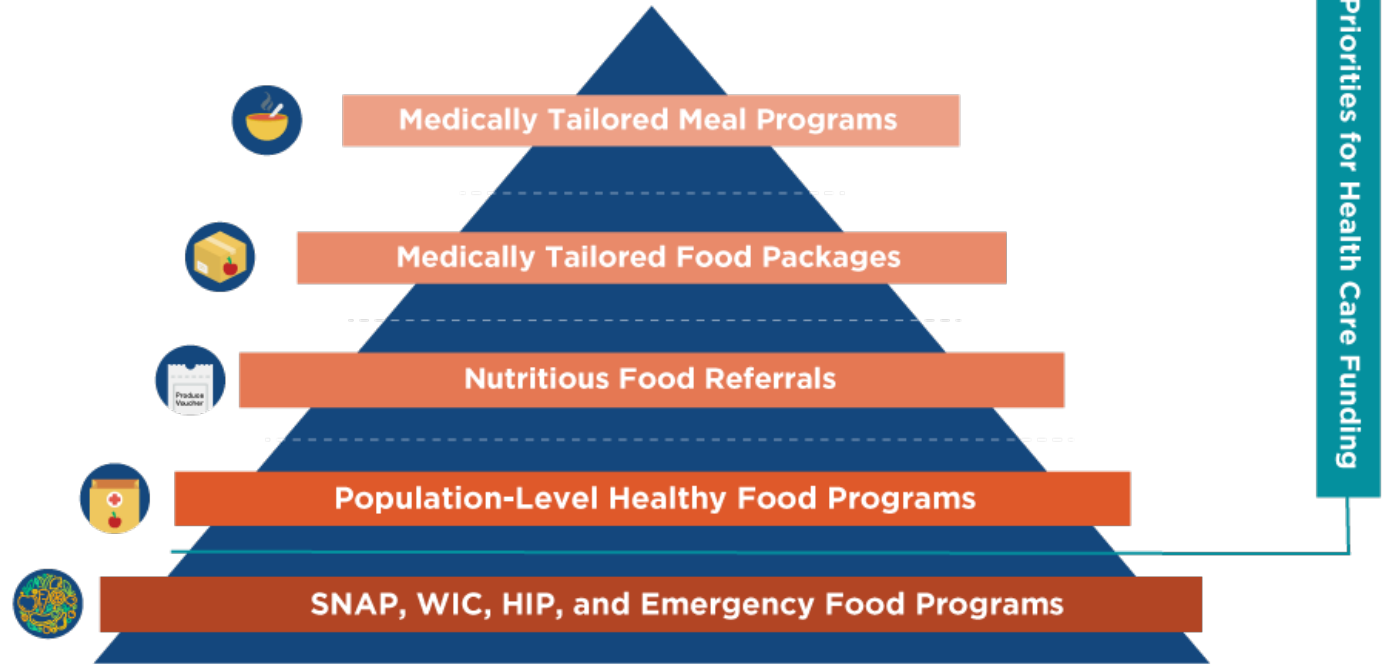
- Data transfer between sectors (health care, CBO, & food vendor)
- Data tracking within the electronic health record
- CBO capacity to provide food how, when, where and at the price that healthcare desires
- Fragmentation of the ecosystem outside of healthcare

System Fragmentation



Treatment
↕
Prevention

FOOD IS MEDICINE PYRAMID



“CSA boxes” refers to delivery of foods directly from the farm to a household.

What do we know about
the impact of FIM
programs?

Summary of Research

	Weak Evidence	Moderate Evidence	Strong Evidence
WIC			✓
	diet quality, food security, maternal & child birth outcomes, immunization rates, child academic performance		
SNAP			✓
	health outcomes, reduces medication non-adherence, and reduces health care expenditures		
MTM's		✓	
	hospital admissions and readmissions, lower medical costs, and improve medication adherence		
MTG's	✓		
	food security		
Produce Prescriptions		✓	
	diet quality, food security, diabetes outcomes		
On-site programs	✓		
	diet quality, food security, diabetes outcomes		

Aspen Inst FIM Research Action Plan

MTM's: 10 studies, 2 RCT's, 5 with a ctl group, & 5 with >100 pts

MTG's: 12 studies, 3 with a ctl group, & 5 with >100 pts

PP: 27 studies, 5 with a ctl group, & 8 with >100 pts

Food Insecurity Interventions in Health Care Settings: A Review of the Evidence

Figure 1. Number of studies by type of intervention (n=29)

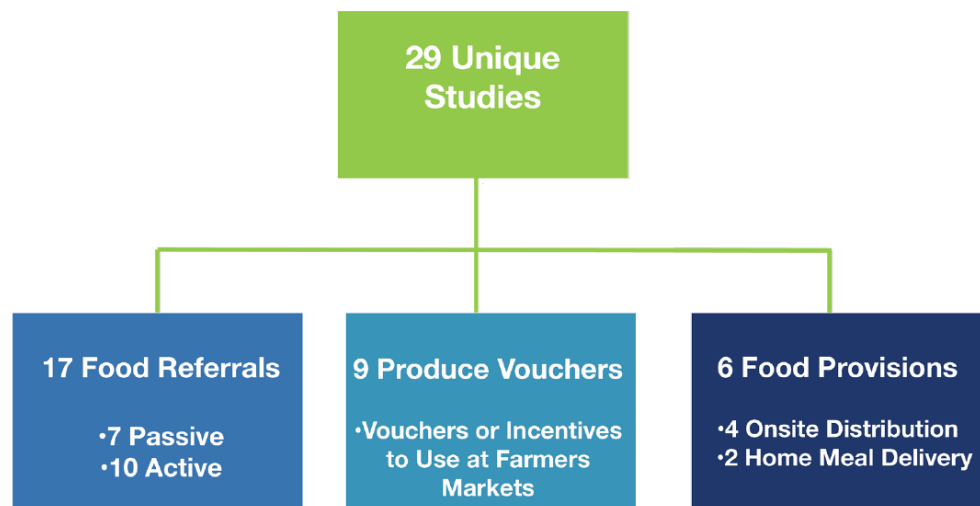


Table 1. Summary of review results: Food insecurity interventions

Outcome	Impact		
	Referrals	Vouchers	Food*
Resource use	Mixed (4)	Improved (3)	-
Food security status	Improved [^] (2)	Improved (2)	Improved (1)
Health behaviors	Mixed (2)	Improved [#] (5)	Improved (1)
Health	Mixed (1)	Mixed (3)	Mixed (2)
Cost/utilization	Mixed (1)	-	Mixed (1)

Numbers in parentheses indicate the number of studies that reported on each outcome.

* Based on two studies of home-delivered meals, and one study of an intervention offering infant formula, nutrition educational materials, and referrals to social work, a medical-legal partnership, and food banks

[^] Based on a study with a sample size 13 and a qualitative retrospective study so should be interpreted with caution.

[#] All five studies found improvements, although in one case only for fruit consumption and in another the improvements were not statistically significant.

**Why is the data so
limited?**

Evaluation Challenges

- Almost all programs reach a small number of people
 - Not suitable* for examining health outcomes, utilization, & cost
- Almost all programs offer a relatively small dose & duration
 - Not suitable* for examining health outcomes, utilization & cost
- Many programs are single-site
 - Limited applicability to the field as a whole
- Bottom line: You need a LOT of data to show an impact
 - Most programs have limited funds available for evaluation



This is really hard!

* I would argue it is also not ethical

Why is so much data needed to prove impact on health outcomes, utilization, & cost?

- Food security and nutrition programs are generally
 - Better at prevention than at treatment
 - Expected to have an impact over a long length of time
 - Proven by their SMALL effect on a LARGE number of people, rather than their LARGE effect on a SMALL number of people
- If you anticipate a SMALL effect, to show an impact you need
 - A lot of people
 - A long duration of “treatment”
 - A high “dose”
 - A long duration of observation





Where are the
opportunities?



Before I get to the opportunities...

- Many of the next slides refer to produce prescription programs
 - There is lots of thought leadership and momentum here right now
- Produce prescription programs are not necessarily the best program for your clinic, your community, your patient population, etc.
- Almost ALL of the concepts are relevant to other FIM interventions

Opportunities for *the Field*

Access to Large Amounts of Data

- Shared metrics across numerous programs
 - eg GusNIP Produce Prescription Programs
- Large health systems with a single electronic health record
 - VA, Indian Health Service, other integrated health systems
- Health insurers
 - Claims data

Produce Prescription Programs in the United States: 2010-2020

Legend

Active Produce Prescription Headquarters

Counties Covered

- 1 - 10
- 11 - 42
- 43 - 100

Inactive Produce Prescription Program Headquarters

Counties Covered

- 1 - 5
- > 5 - 14
- > 14 - 76

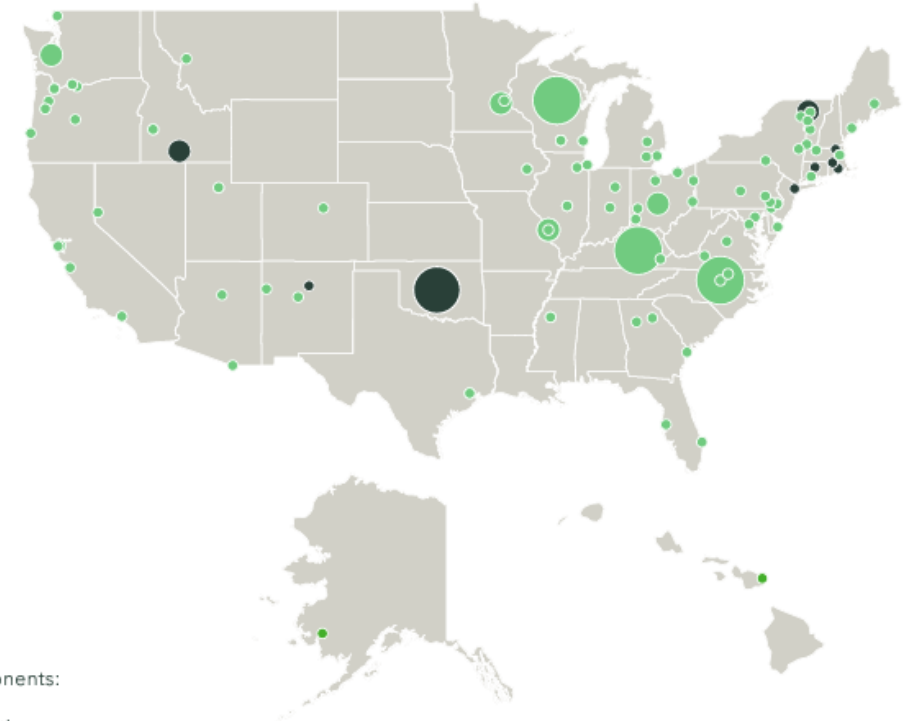
■ US State Boundaries

Number Active Programs: 94

Number of Inactive Programs: 14

Map reflects programs with these components:

- patient eligibility screening
- partnership with a healthcare organization
- prescriptions for healthy produce (fruits & vegetables with no added fats, sugars & salts at no or low cost)
- repeated dosage
- retail redemption



Opportunities for *the Field*: Modeling Studies

Prescribing healthy food in Medicare/Medicaid is cost effective, could improve health outcomes

New study finds that health insurance coverage for healthy food could improve health, reduce healthcare costs, and be highly cost-effective after five years

Medicare/Medicaid: Healthy food prescriptions



Fruits



Nuts/
Seeds



Vegetables



Whole
grains



Seafood



Plant oils

Insurance covers
30% of cost of eligible
food



\$100 billion

less in healthcare
utilization over
model population's
lifetime



Cost-effective after
5 years

Less diabetes

120
thousand cases
prevented or
postponed

Less cardiovascular disease

3.28
million cases
prevented or
postponed

As or more cost-
effective than
many currently
covered medical
treatments

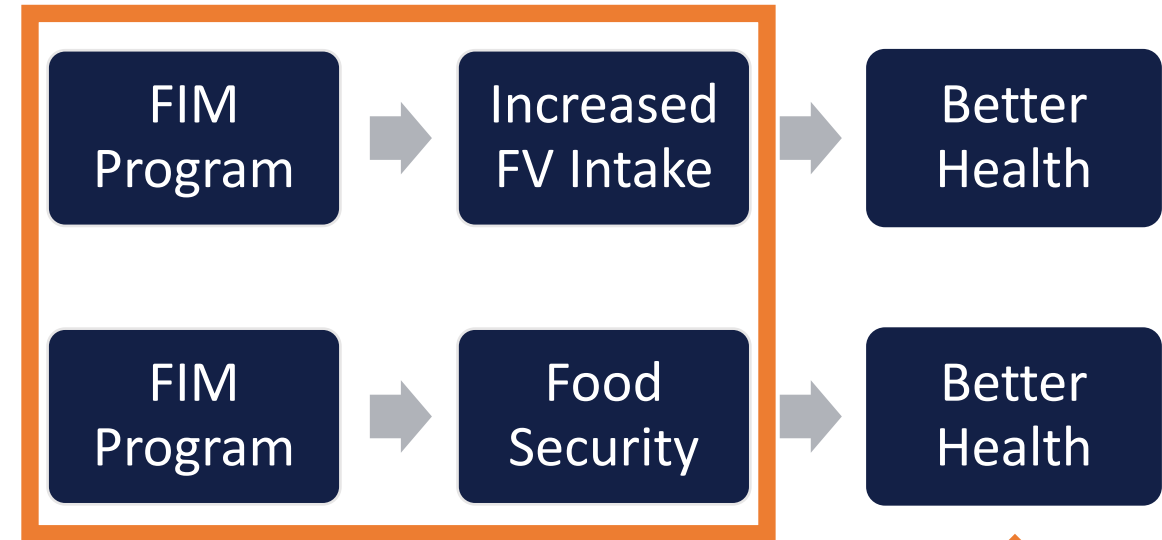
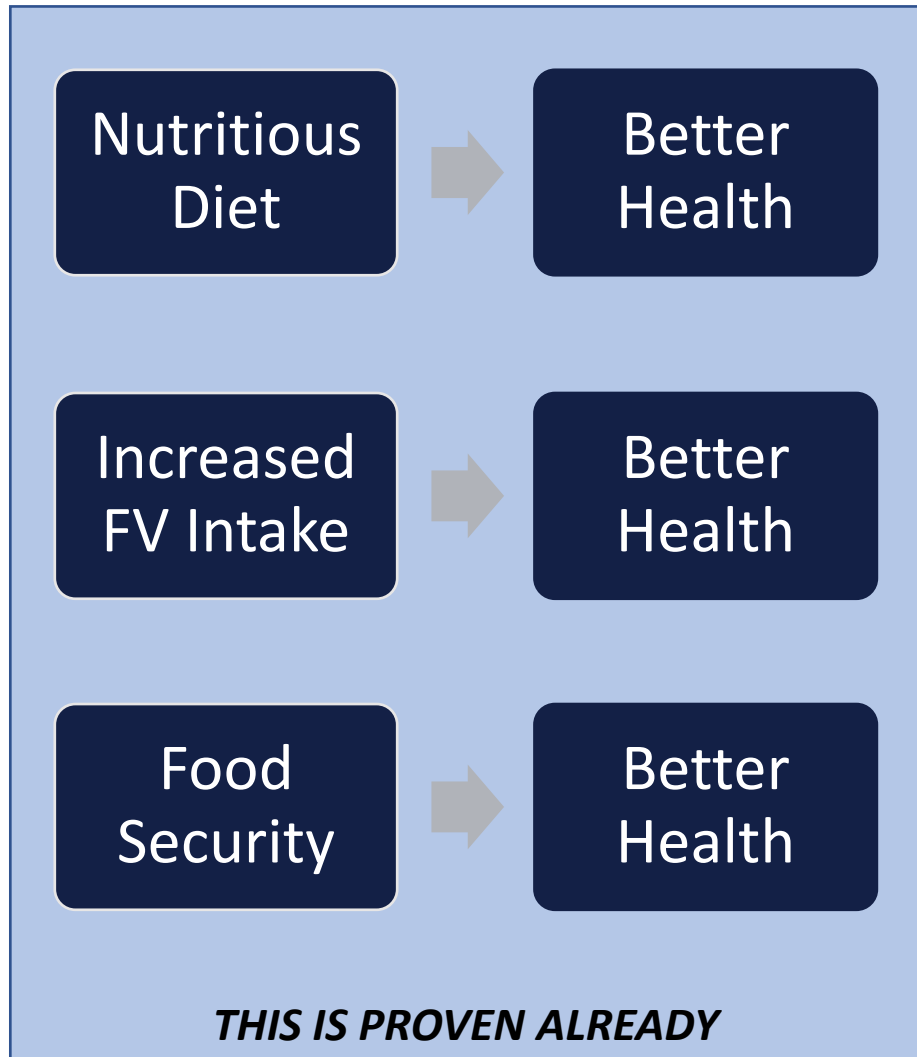


For more information, see "Cost-effectiveness of financial incentives for improving diet through Medicare and Medicaid: A microsimulation study" by Lee et al. (2019).
<https://doi.org/10.1371/journal.pmed.1002761>

Gerald J. and Dorothy R. Friedman
School of Nutrition Science and Policy at
Tufts University

Opportunities for *Individual Programs*

Controversy
Alert!



This will happen if:

- Implemented at scale
- Dose and duration are sufficient

Opportunities *for Individual Programs:* Shared Metrics

Budd Nugent N, Byker Shanks C, Seligman HK, Fricke H, Parks CA, Stotz S, Yaroch AL. Accelerating Evaluation of Financial Incentives for Fruits and Vegetables: A Case for Shared Measures. Int J Environ Res Public Health. 2021 Nov 19;18(22):12140.

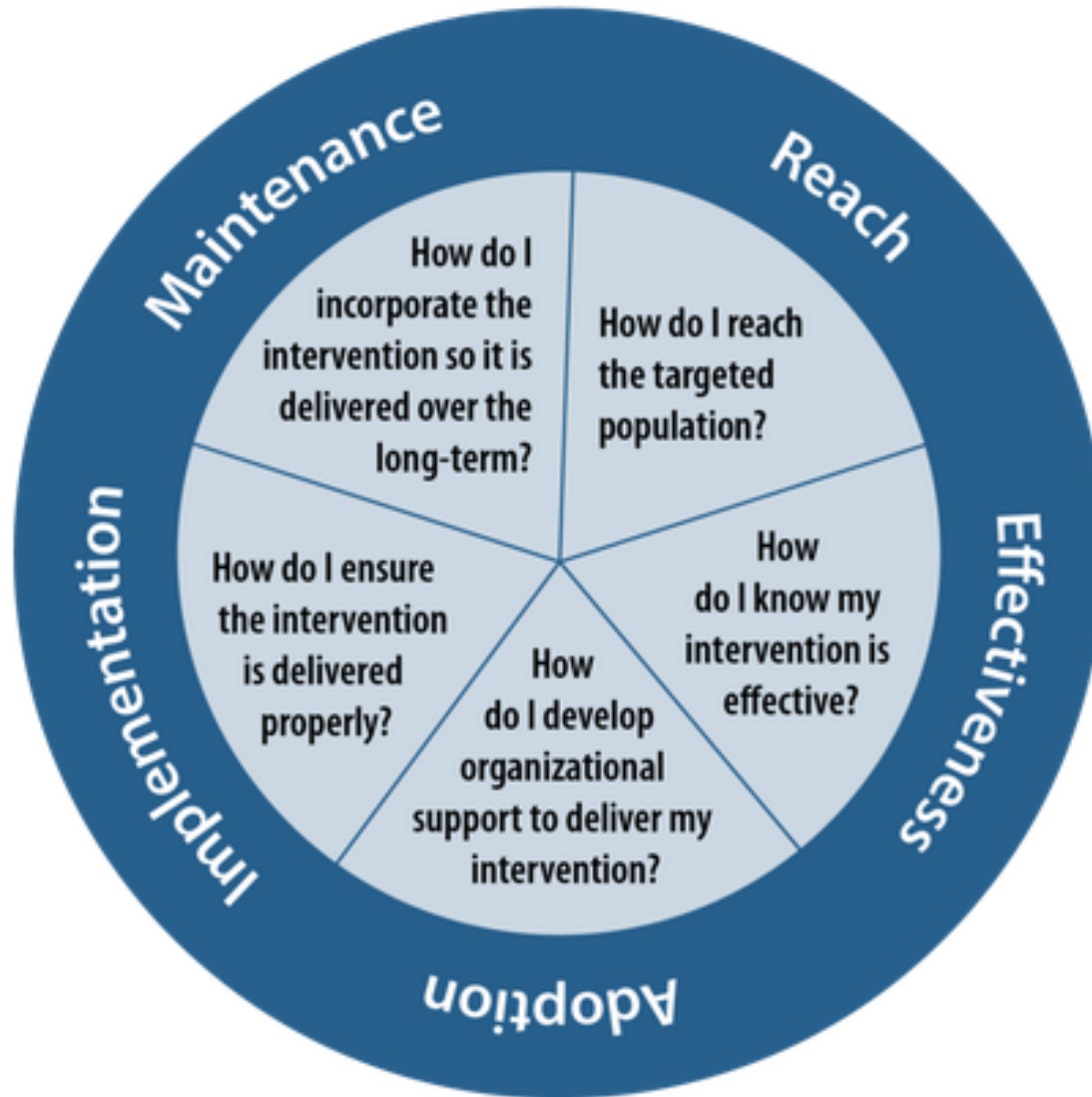
Shared metrics → pooled data →
More participants
More sites



- Food security
- FV intake
- SNAP participation
- Program satisfaction
- Health status
- Basic demographics

<https://www.nutritionincentivehub.org/resources/resources/reporting-evaluation/core-metrics-produce-prescription/participant-level-metrics>

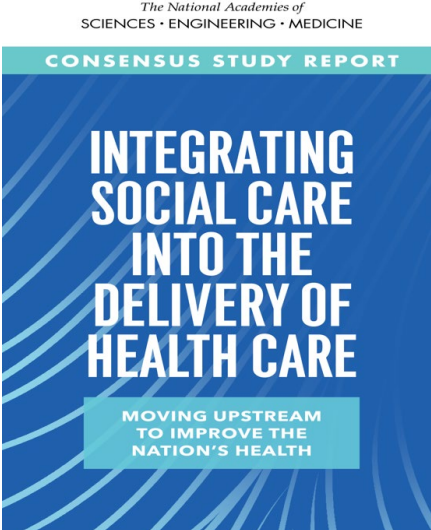
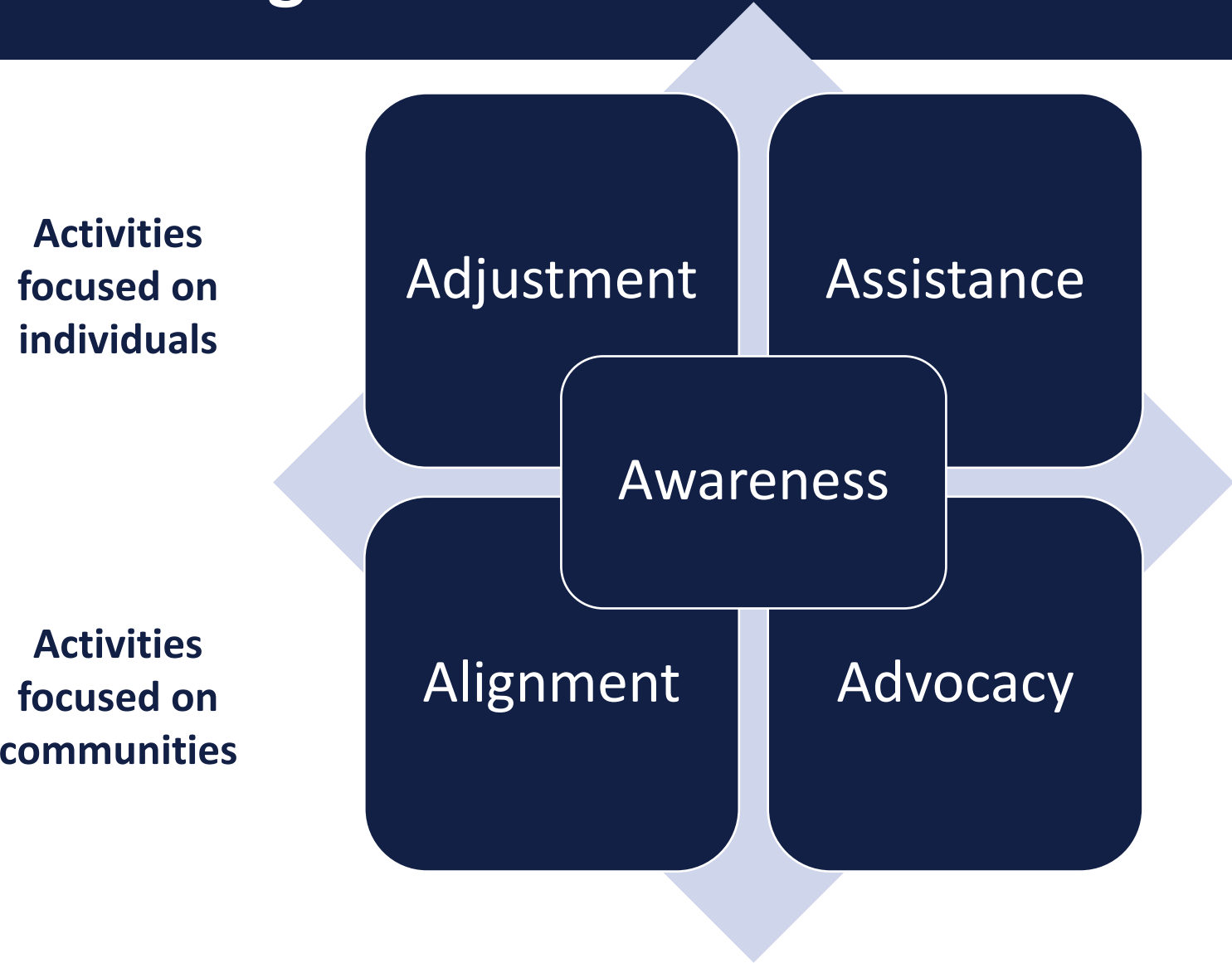
Elements of the RE-AIM Framework



Opportunities for Individual Programs: Implementation Science

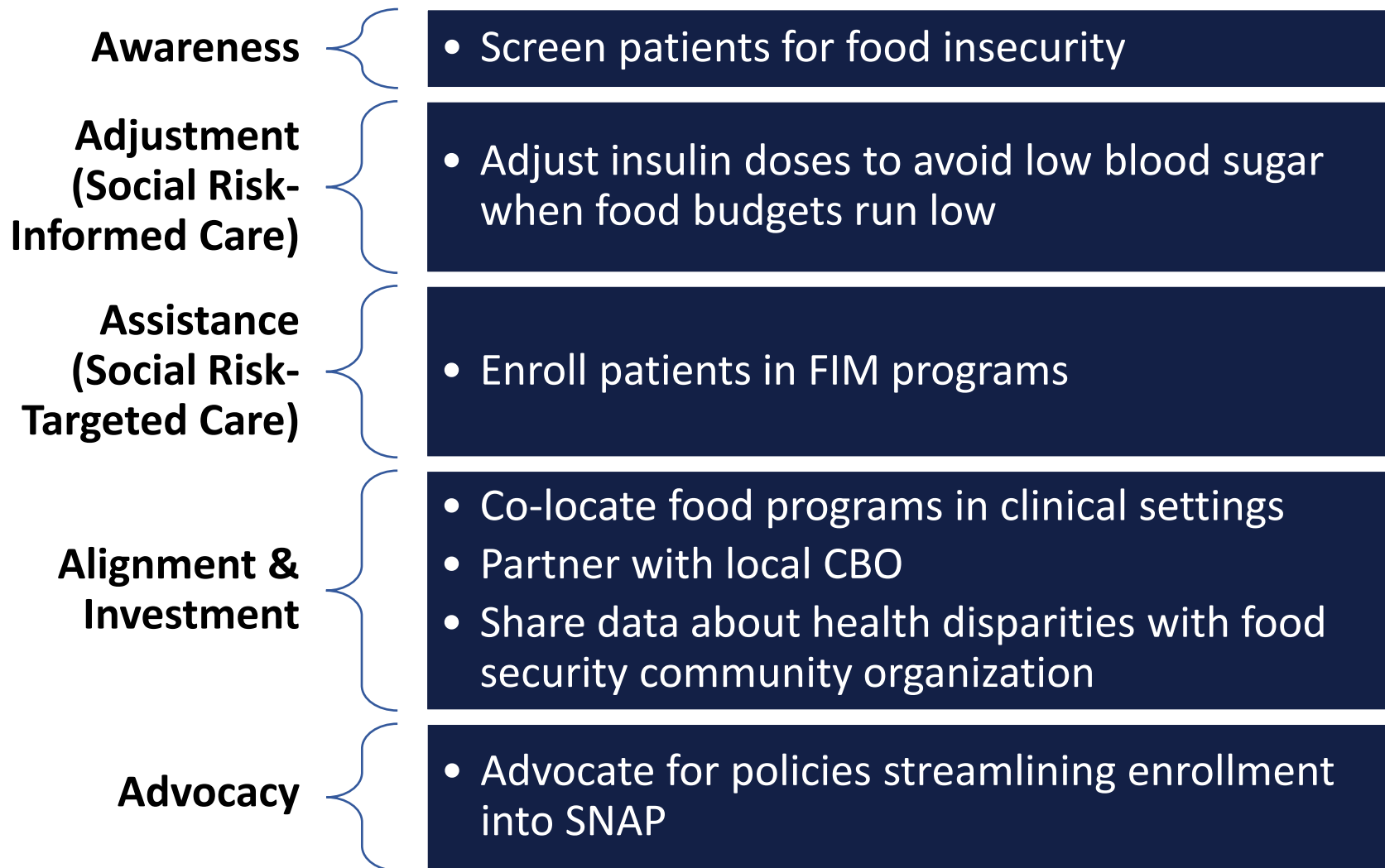
Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Publ Health* 1999;89(9):1322–7.

NASEM Health Care System Activities that Strengthen Social Care Integration: 5 A's



A Vision for the Future

5 A's for Food Security



Adapted from: SIREN (Laura Gottlieb)

New NOPREN Resource: Share with Partners!

Supporting Food & Nutrition Security through Healthcare

A Resource
for Healthcare
Systems and their
Public Health
and Community
Partners



Gerald J. and Dorothy R.
Friedman School of
Nutrition Science and Policy



Scan the QR code for the PDF
or visit:
<https://nopren.ucsf.edu/resources>

Conclusions

- WIC is a FIM that is already proven
 - Scalable
 - Positive impact on health outcomes
- Tremendous momentum toward implementing & evaluating FIM programs across the US
- Evaluation of FIM programs is hard
 - Try to convince your funders that we do not need to re-prove that nutritious food and food security are good for health
 - Right-size your evaluation for the size of your program
 - Examine all elements of the RE-AIM framework, not just effectiveness
 - For effectiveness: consider food security, dietary intake, satisfaction, and redemption rate
 - Use the same metrics others are using
 - We need (and are awaiting)
 - The large, rigorously conducted trial (lots of momentum here)
 - Implementation science approaches to establish best practices



**NOPREN State of the Science
September 11, 2023**

topics

- CDC Context
- DNPAO Funded Programs
 - SPAN, HOP, REACH
 - 2018 and 2023 recipients
- Public Health Role in FIM
- State (SPAN) Considerations
- Importance of Braided Funding

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NCCDPHP's Approach to Social Determinants of Health



Built Environment

Human-made surroundings that influence overall community health and people's behaviors that drive health.



Community-Clinical Linkages

Connections made between health care, public health, and community organizations to improve population health.



Food and Nutrition Security

Having reliable access to enough high-quality food to avoid hunger and stay healthy.



Social Connectedness

When people or groups have relationships that create a sense of belonging and being cared for, valued, and supported.



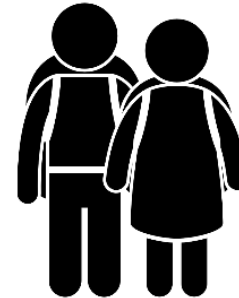
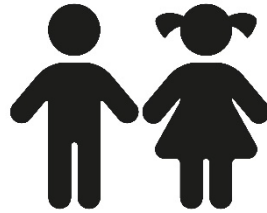
Tobacco-Free Policy

Population-based preventive measures to reduce tobacco use and tobacco-related illness and death.

<https://www.cdc.gov/chronicdisease/healthequity/sdoh-and-chronic-disease/nccdphps-approach-to-social-determinants-of-health.html>

OUR GOAL: OPTIMAL NUTRITION ACROSS THE LIFESPAN

DNPAO works at multiple levels to establish healthier food environments for all



Breastfeeding

**Maternal
Nutrition**

**Early Child
Nutrition**

Early Care and Education

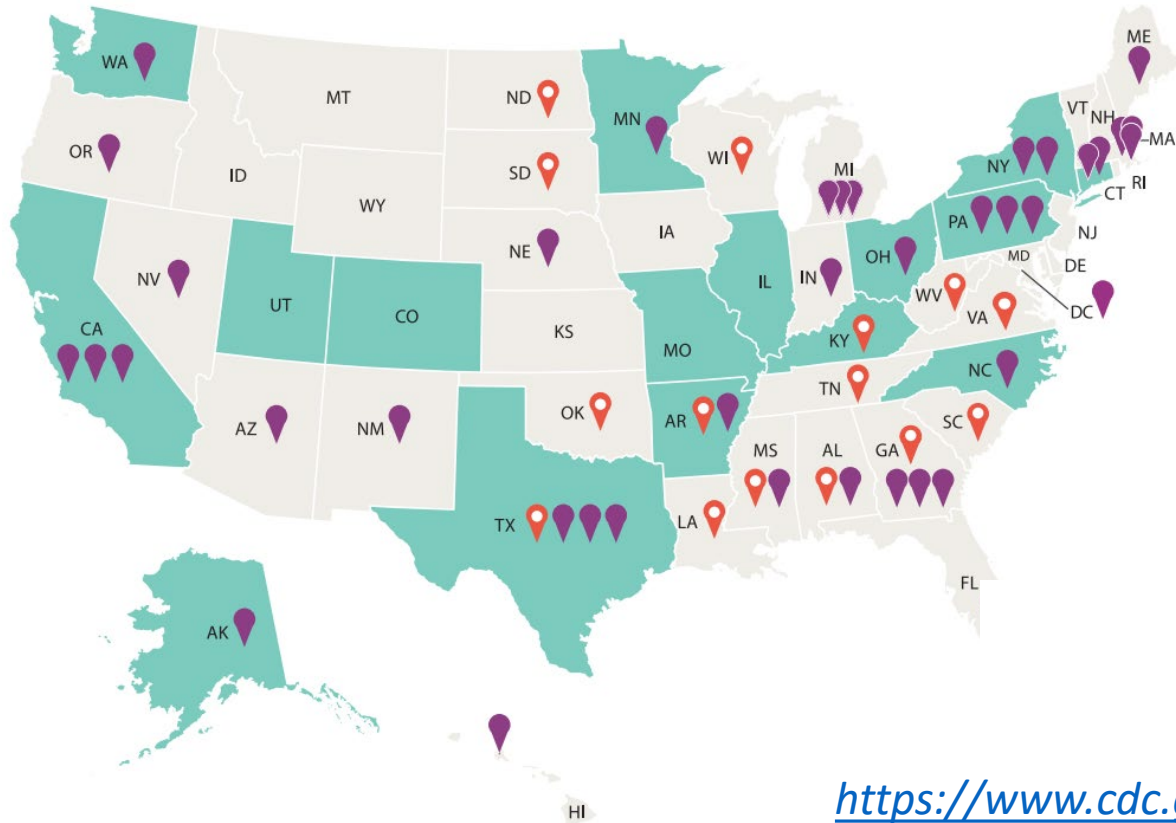
Farm to Education

**Food Service Guidelines
Nutrition Standards in Charitable
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Community Food Systems

Health Equity

Fiscal Year 2022



State Physical Activity and Nutrition Program (SPAN)

- **16 state** and local recipients strengthening efforts to implement interventions that support healthy nutrition, safe and accessible physical activity, and breastfeeding

High Obesity Program (HOP)

- **15 land grant universities** leveraging community extension services to increase access to healthier foods and opportunities for physical activity in counties that have more than 40% of adults with obesity

Racial and Ethnic Approaches to Community Health (REACH) Program

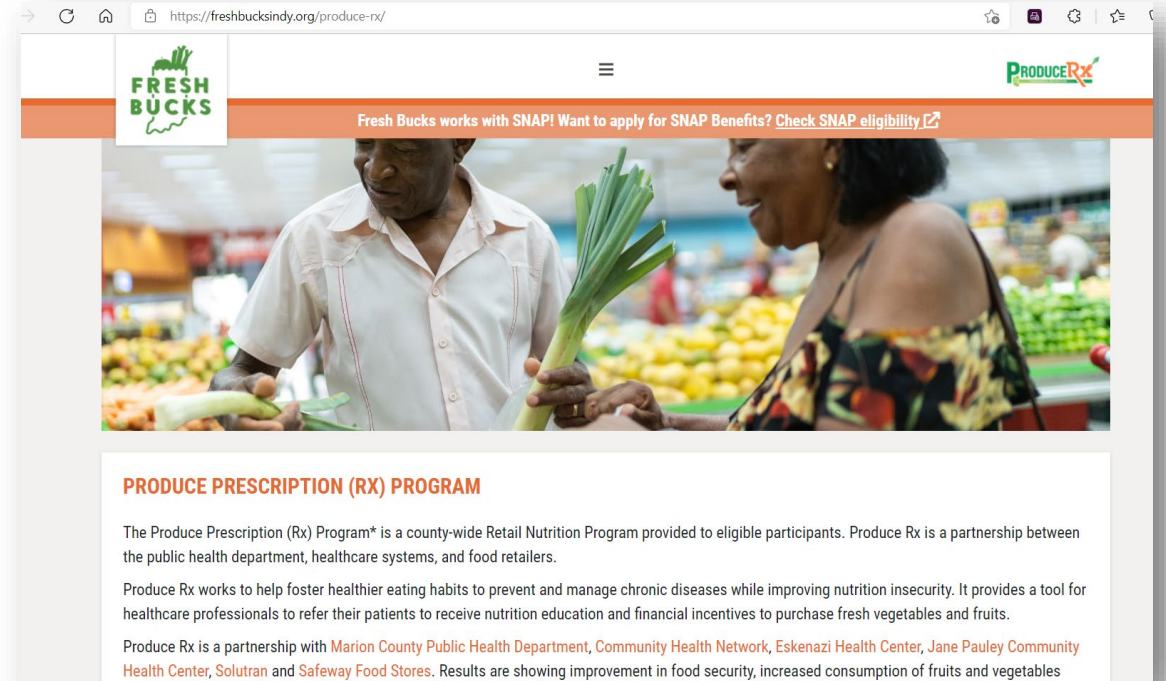
- **40 organizations** aiming to improve health, prevent chronic diseases, and reduce health disparities among racial and ethnic populations with the highest risk, or burden, of chronic disease

<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/index.html>

**DNPAO'S FUNDED PROGRAM RECIPIENTS,
2018-2023**

Current REACH Recipients working on FIM: produce prescription Programs

- Eastern Michigan University
- Health & Hospital Corporation of Marion County
- Houston County Board of Health
- Multnomah County Health Department
- Partners in Health
- Presbyterian Healthcare Services
- Penn. State University Hershey Medical Center
- The Y of Coastal Georgia, Inc.
- Navajo Nation



https://freshbucksindy.org/produce-rx/

FRESH BUCKS

PRODUCE Rx

Fresh Bucks works with SNAP! Want to apply for SNAP Benefits? [Check SNAP eligibility](#)

PRODUCE PRESCRIPTION (RX) PROGRAM

The Produce Prescription (Rx) Program* is a county-wide Retail Nutrition Program provided to eligible participants. Produce Rx is a partnership between the public health department, healthcare systems, and food retailers.

Produce Rx works to help foster healthier eating habits to prevent and manage chronic diseases while improving nutrition insecurity. It provides a tool for healthcare professionals to refer their patients to receive nutrition education and financial incentives to purchase fresh vegetables and fruits.

Produce Rx is a partnership with [Marion County Public Health Department](#), [Community Health Network](#), [Eskenazi Health Center](#), [Jane Pauley Community Health Center](#), [Solutran](#) and [Safeway Food Stores](#). Results are showing improvement in food security, increased consumption of fruits and vegetables

EXAMPLE REACH RECIPIENT WORK: NAVAJO FVRx



COPE trains FVRx teams & processes reimbursements



FVRx Teams (Clinics, Schools CHRs)



- Partner with Community Outreach and Patient Empowerment Program (COPE)

FVRx Retailers/Growers (Redemption Site)

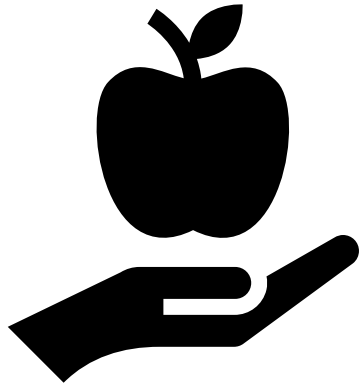


Families Enrolled in the FVRx Program

<https://www.copeprogram.org/foodaccess>

Example Braided Resources – Marion County REACH

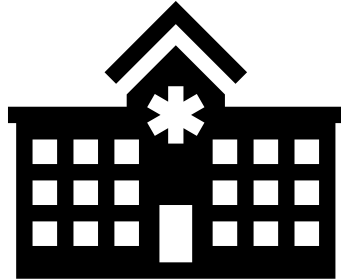
CDC REACH



Marion County Public
Health Department
Indianapolis, IN



Health Systems – Community Benefits



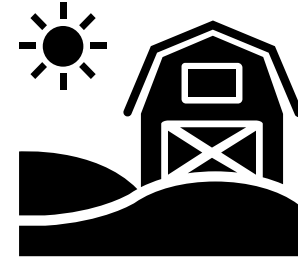
Funding, clinical support

City of Indianapolis and Local Foundations



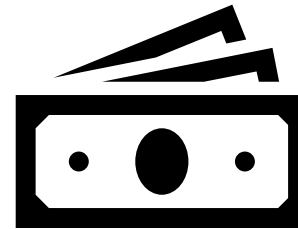
Funding

USDA Local Food Purchase Assistance



Recruit/engage
BiPOC growers,
cultural foods from
Hoosier Harvest
Market

USDA GusNIP



Funding, technical
support, evaluation

USDA SNAP Ed



Community outreach,
trauma-informed
nutrition training
(Leah's Pantry)

2023-2028 DNPAO Fruit and vegetable program strategy

Coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and produce prescription programs



2023 – 2028 SPAN, HOP....and REach

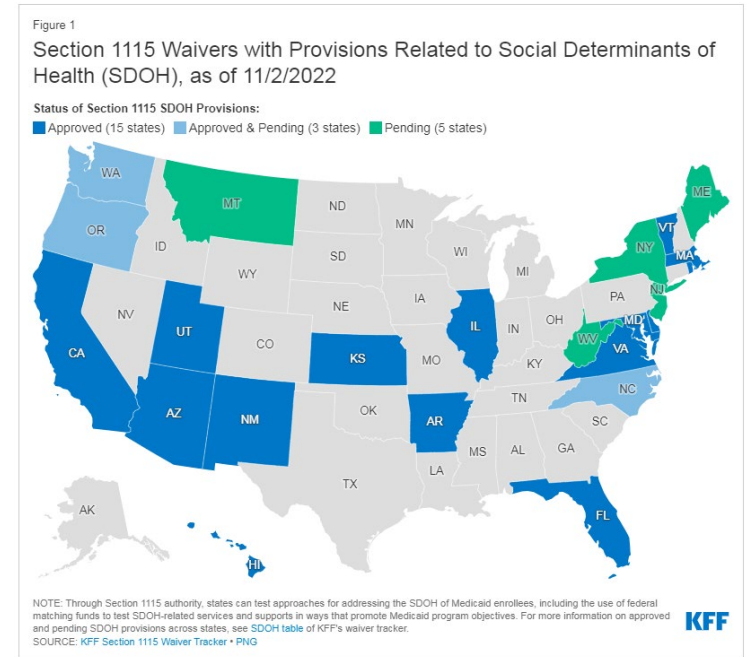
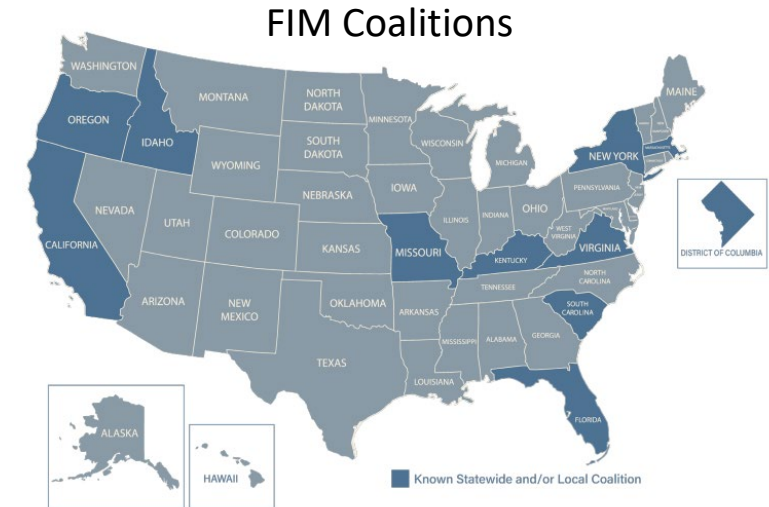


- State Physical Activity and Nutrition (SPAN) Recipients
 - <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span/span-2023.html>
- High Obesity Program (HOP) Recipients
 - <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/hop/high-obesity-program-2023-2028.html>
- Racial and Ethnic Approaches to Community Health (REACH) Recipients – To Be Announced

SPAN Activities for FVP

- Strengthen or launch regional, state, or local **food policy councils**
 - Also, Food is Medicine Coalitions, etc.
- Engage **representatives from Medicaid programs** in implementation, expansion, and evaluation incentive or produce prescription programs
- **Convene state agencies** to align activities related to incentive or prescription programs
 - Oversee state plan amendments, waivers and demonstrations
- **Connect** incentive and prescription programs **to local food sources**

<https://chlp.org/wp-content/uploads/2023/06/Mainstreaming-Produce-Prescriptions-in-Medicaid-Managed-Care-V6.pdf>
<https://www.kff.org/medicaid/issue-brief/section-1115-waiver-watch-approvals-to-address-health-related-social-needs/>



resources




Priority Nutrition Strategy: Food Service and Nutrition Guidelines

Promote food service and nutrition guidelines and associated healthy food procurement systems in facilities, programs, or organizations where food is sold, served, or distributed.

<https://www.cdc.gov/nutrition/state-and-local-strategies/priority-nutrition-strategy.html>

Supporting Food & Nutrition Security through Healthcare

A Resource for Healthcare Systems and their Public Health and Community Partners



The Community Guide

Community Preventive Services Task Force
More than 25 years of evidence-based findings for population health

Social Determinants of Health: Fruit and Vegetable Incentive Programs— Effectiveness Review

Heather Vecsey
Ramona Finnie
Stacy Harmon
Renee Stein
Chelsea Pritchard

Community Preventive Services Task Force Meeting
October 18, 2023



Summary:

- FVP included in 3 DNPAO funding programs
- Importance of role for public health, including coordinating state policies and systems
- Emphasis on multi-sectoral partnerships and leveraging multiple funding sources



Thank you

For more information, contact: dmharris@cdc.gov

Help us keep America healthy and strong. See how at: cdc.gov/nccdphp/dnpao



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity (DNPAO)

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Visit <https://nopren.ucsf.edu>
or contact
NOPREN@ucsf.edu



DNPAO-FUNDED PROGRAMS ADDRESSING FOOD IS MEDICINE

DIANE HARRIS, PHD MPH

LEAD, HEALTHY FOOD
ENVIRONMENTS TEAM

DIV. NUTRITION, PHYSICAL ACTIVITY
AND OBESITY

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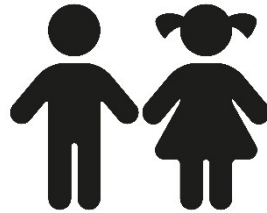
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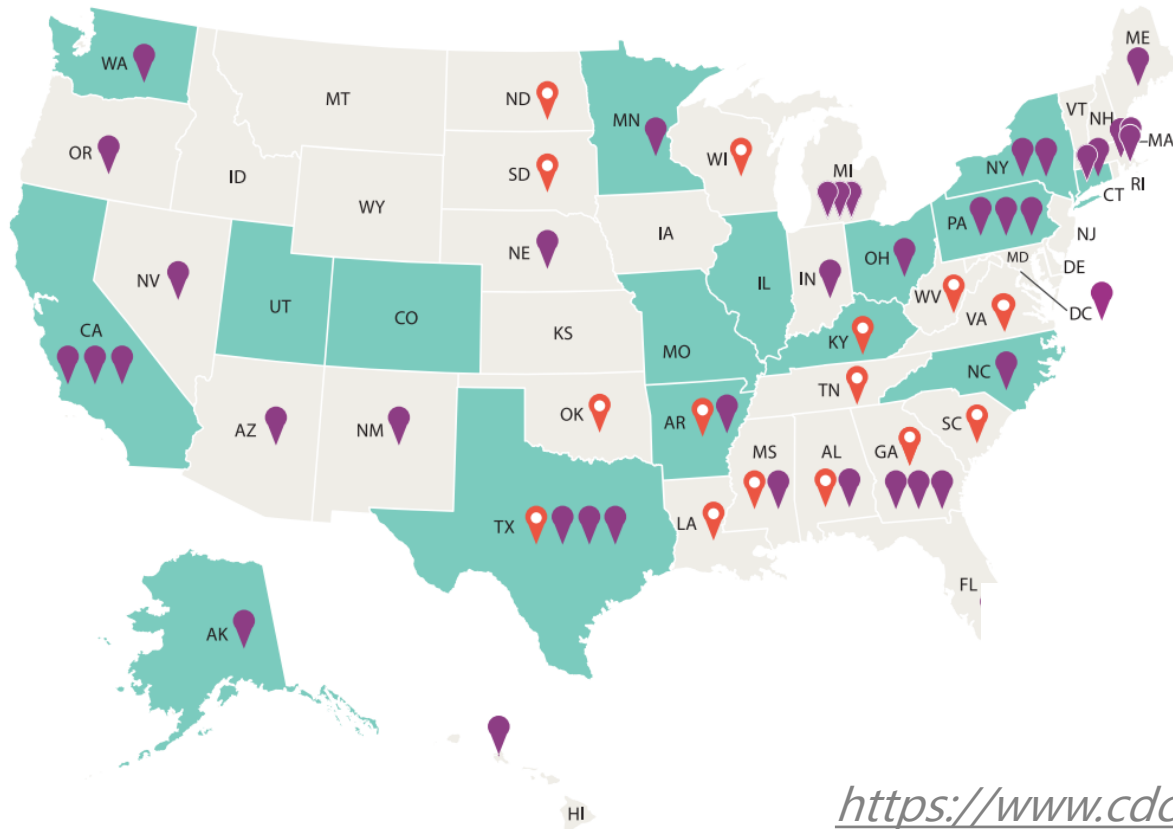
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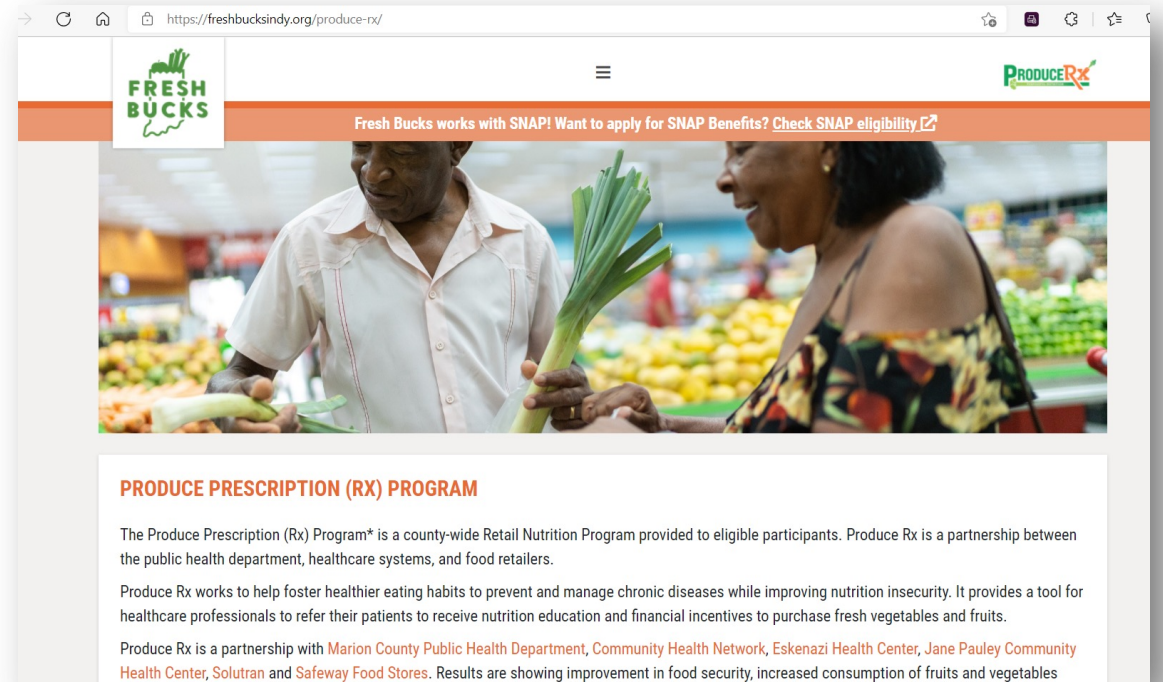
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- Presbyterian Healthcare Services
- Penn. State University Hershey Medical Center
- The Y of Coastal Georgia, Inc.
- Navajo Nation



The screenshot shows a web browser window with the URL <https://freshbucksindy.org/produce-rx/>. The page features the Fresh Bucks logo on the left and the Produce Rx logo on the right. A navigation menu is visible in the top right. Below the logos is a banner image of a man and a woman in a grocery store, with the man holding a bunch of green onions. Below the image is the heading "PRODUCE PRESCRIPTION (RX) PROGRAM" in orange. The text below the heading describes the program as a county-wide Retail Nutrition Program provided to eligible participants, a partnership between the public health department, healthcare systems, and food retailers. It further explains that the program helps foster healthier eating habits to prevent and manage chronic diseases while improving nutrition insecurity, and provides a tool for healthcare professionals to refer their patients to receive nutrition education and financial incentives to purchase fresh vegetables and fruits. The text also mentions that the program is a partnership with Marion County Public Health Department, Community Health Network, Eskenazi Health Center, Jane Pauley Community Health Center, Solutran and Safeway Food Stores, and notes that results are showing improvement in food security, increased consumption of fruits and vegetables.

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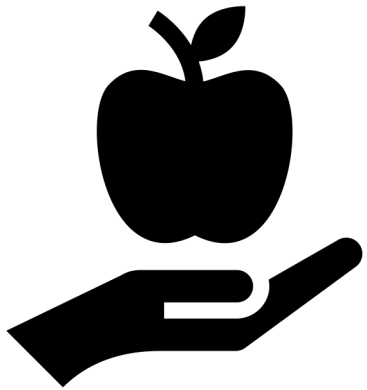
FVRx Retailers/Growers (Redemption Site)



Families Enrolled in the FVRx Program

EXAMPLE BRAIDED RESOURCES – MARION COUNTY REACH

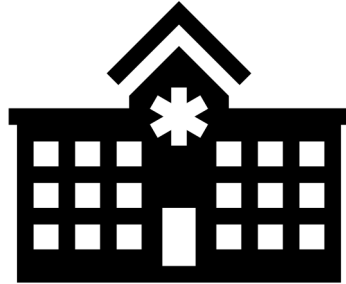
CDC REACH



Marion County Public
Health Department
Indianapolis, IN



Health Systems – Community Benefits



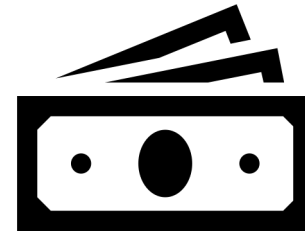
Funding, clinical support

City of Indianapolis and Local Foundations



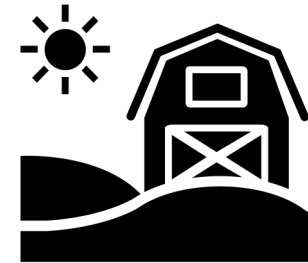
Funding

USDA GusNIP



Funding, technical
support, evaluation

USDA Local Food Purchase Assistance



Recruit/engage
BiPOC growers,
cultural foods from
Hoosier Harvest
Market

USDA SNAP Ed



Community outreach,
trauma-informed
nutrition training
(Leah's Pantry)⁸

2023-2028 DNPAO FRUIT AND VEGETABLE PROGRAM STRATEGY

Coordinate the uptake and expansion of existing fruit and vegetable voucher incentive and produce prescription programs



2023 – 2028 SPAN, HOP...AND REACH

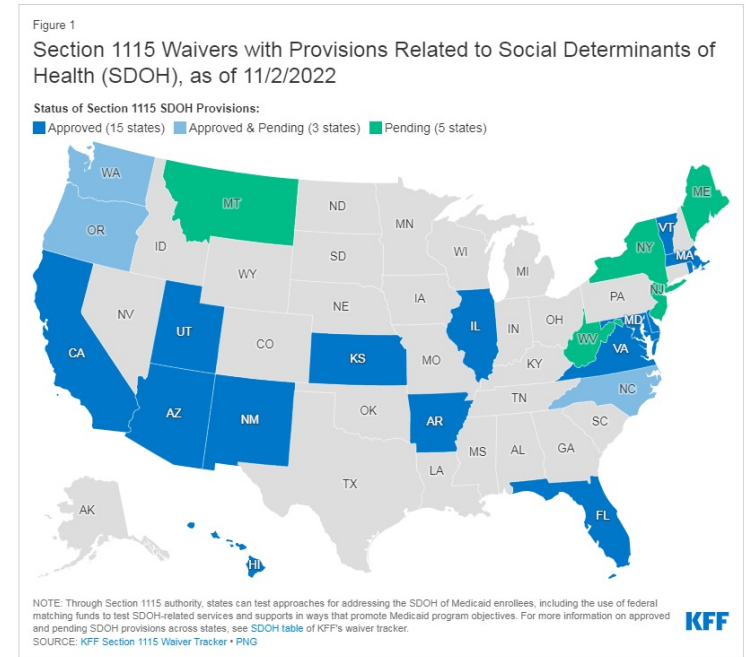
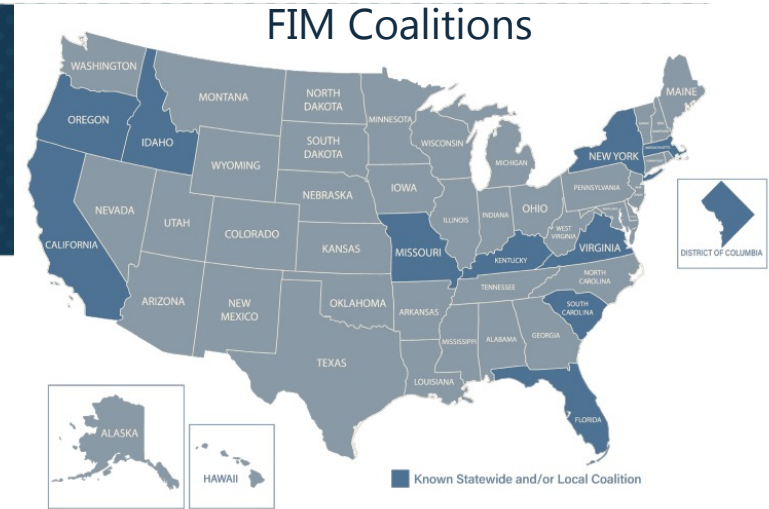


- State Physical Activity and Nutrition (SPAN) Recipients
 - <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span/span-2023.html>
- High Obesity Program (HOP) Recipients
 - <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/hop/high-obesity-program-2023-2028.html>
- Racial and Ethnic Approaches to Community Health (REACH) Recipients – To Be Announced

SPAN ACTIVITIES FOR FVP

- Strengthen or launch regional, state, or local **food policy councils**
 - Also, Food is Medicine Coalitions, etc.
- Engage **representatives from Medicaid programs** in implementation, expansion, and evaluation incentive or produce prescription programs
- **Convene state agencies** to align activities related to incentive or prescription programs
 - Oversee state plan amendments, waivers and demonstrations
- **Connect** incentive and prescription programs **to local food sources**

<https://chlpi.org/wp-content/uploads/2023/06/Mainstreaming-Produce-Prescriptions-in-Medicaid-Managed-Care-V6.pdf>
<https://www.kff.org/medicaid/issue-brief/section-1115-waiver-watch-approvals-to-address-health-related-social-needs/>



RESOURCES



Priority Nutrition Strategy: Food Service and Nutrition Guidelines

Promote food service and nutrition guidelines and associated healthy food procurement systems in facilities, programs, or organizations where food is sold, served, or distributed.

<https://www.cdc.gov/nutrition/state-and-local-strategies/priority-nutrition-strategy.html>

Supporting Food & Nutrition Security through Healthcare

A Resource for Healthcare Systems and their Public Health and Community Partners



More than 25 years of evidence-based findings for population health

Social Determinants of Health: Fruit and Vegetable Incentive Programs— Effectiveness Review

Heather Vecsey
Ramona Finnie
Stacy Harmon
Renee Stein
Chelsea Pritchard

Community Preventive Services Task Force Meeting
October 18, 2023



SUMMARY:

- FVP included in 3 DNPAO funding programs
- Importance of role for public health, including coordinating state policies and systems
- Emphasis on multi-sectoral partnerships and leveraging multiple funding sources



THANK YOU

For more information, contact: dmharris@cdc.gov

Help us keep America healthy and strong. See how at: cdc.gov/nccdphp/dnpao



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Nutrition, Physical Activity, and Obesity (DNPAO)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



USDA's Actions on Food and Nutrition Security: Integrating Nutrition & Health

NOPREN State of the Science – Food is Medicine

Caree Cotwright, PhD, RDN
Director of Nutrition Security and Health Equity

September 8, 2023



White House Conference on Hunger, Nutrition, and Health






USDA's Focus on Nutrition Security



Share

From a US national health authority >



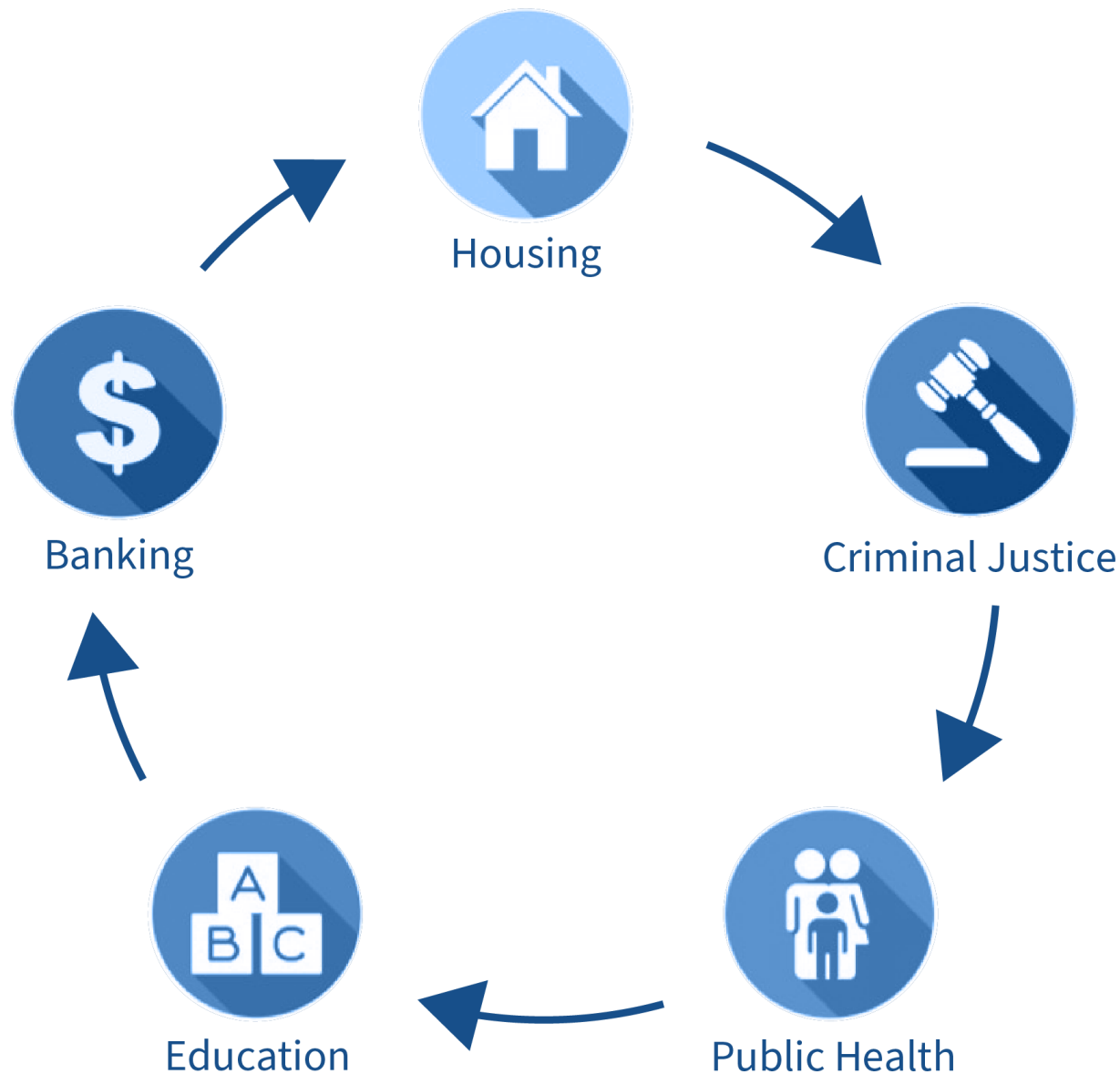
Watch on  YouTube



Equity Accomplishments

- Reducing barriers to USDA programs
- Partnering with trusted technical assistance providers
- Directing USDA programs to those who need them the most
- Expanding equitable access to USDA nutrition assistance programs
- Advancing equity in Federal procurement
- Updating Federal trust and treaty responsibilities to Indian Tribes
- Committing unwaveringly to civil rights
- Operating with transparency and accountability

Dismantling structural inequities





1 in 4 Americans is served by USDA's nutrition assistance programs



USDA's Four-Pillar Approach

Meaningful
Support



Healthy
Food

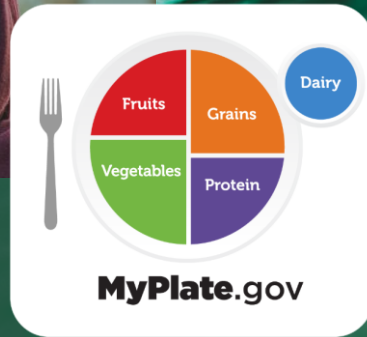


Collaborative
Action



Equitable
Systems





The MyPlate National Strategic Partnership is a public-private collaboration, bringing stakeholders across many sectors together to promote the MyPlate symbol and messaging to consumers.



SNAP reduces healthcare costs

- Reaches more than **41 Million** Americans each month
- Lowers participants' annual health costs ~ \$1,400 or nearly 25% less in medical care in a year

Goal:
Encourage
action and
engagement





Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

Thank You & Stay Connected



www.usda.gov/nutrition-security



@USDANutrition

USDA is an equal opportunity
provider and employer.

