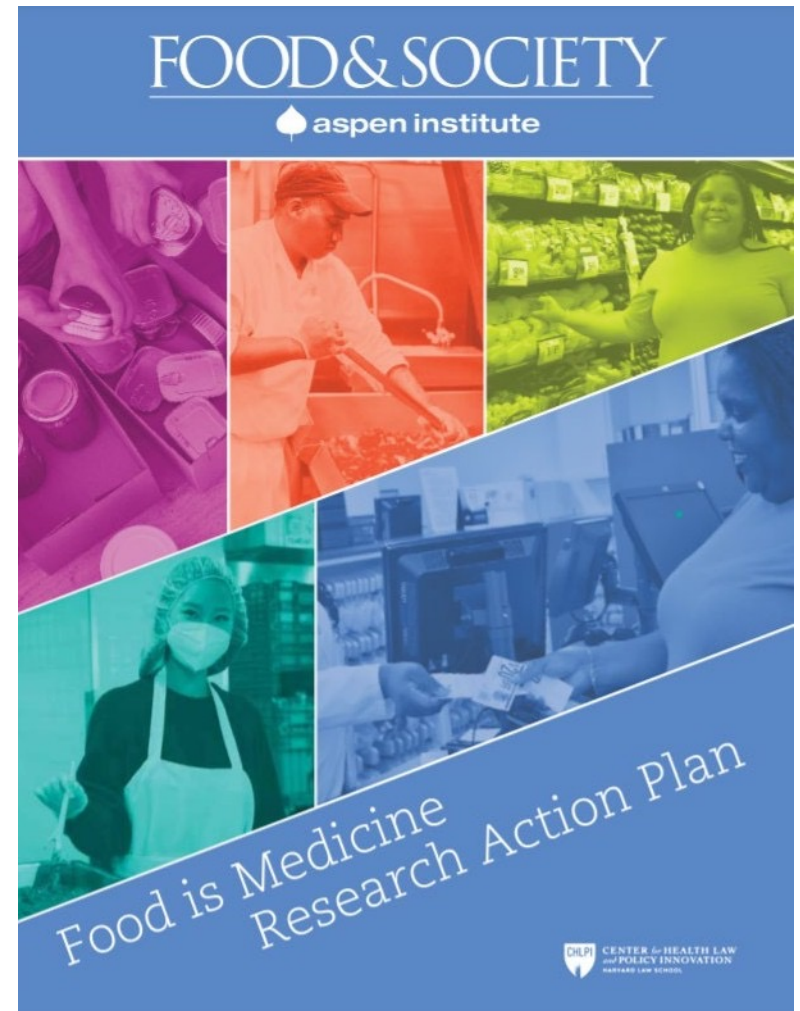


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# Research Action Plan Advisors

**Ann Albright**, CDC

**Karen Bachman-Carter**, Indian Health Service

**Seth A. Berkowitz**, UNC School of Medicine

**Lauren Shweder Biel**, DC Greens

**Joslyn Brenton**, Ithaca College

**Bridget Carle**, The Rockefeller Foundation

**Cathryn Couch**, Ceres Community Project

**Tiffany Gary-Webb**, University of Pittsburgh

Graduate School of Public Health

**Kurt Hager**, Tufts Friedman School of Nutrition

Science and Policy

**Sheila Hanley**, Centers for Medicare & Medicaid

Services (CMS) Innovation Center

**Devon Klatell**, The Rockefeller Foundation

**Gita Rampersad**, Feeding America

**Darshak Sanghavi**, Babylon

**Pam Schwartz**, Kaiser Permanente

**Hilary Seligman**, UCSF School of Medicine

**Karen Siegel**, CDC

**Andrea Talhami**, DC Greens

**Jean Terranova**, Community Servings

**Alissa Wassung**, God's Love We Deliver

**Marianna Wetherill**, University of Oklahoma-Tulsa  
Schusterman Center

**Norbert Wilson**, Duke Divinity School and Sanford  
School of Public Policy at Duke

**Allison Yoder**, Academy of Nutrition and Dietetics  
Foundation

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# Vision

## Rethinking Health System Design

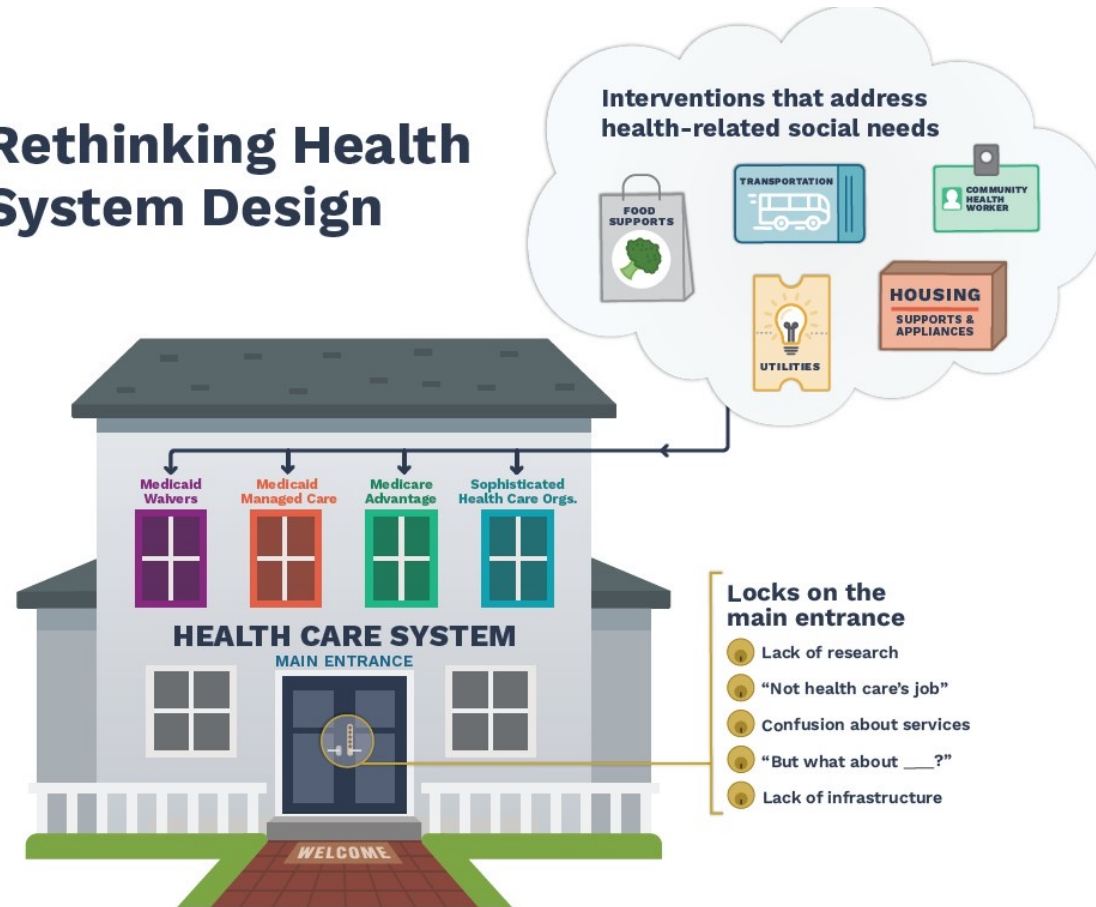


Image: Center for Health Law and Policy Innovation

- **Effective, appropriate** Food is Medicine interventions are **integrated into the US health care system**, providing access to a wide range of proven interventions.
- All Food is Medicine research **centers equity throughout the research continuum**, in order to ensure that interventions truly empower individuals and communities and are effective across demographic groups.
- Everyone has the food that will allow them to live a **healthy, dignified** life.

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# What the Plan Includes

Food is Medicine definitions and explanation of Research Action Plan scope

Overview of foundational food and health research and peer-reviewed research on Food is Medicine interventions

Recommendations for the next phase of Food is Medicine research

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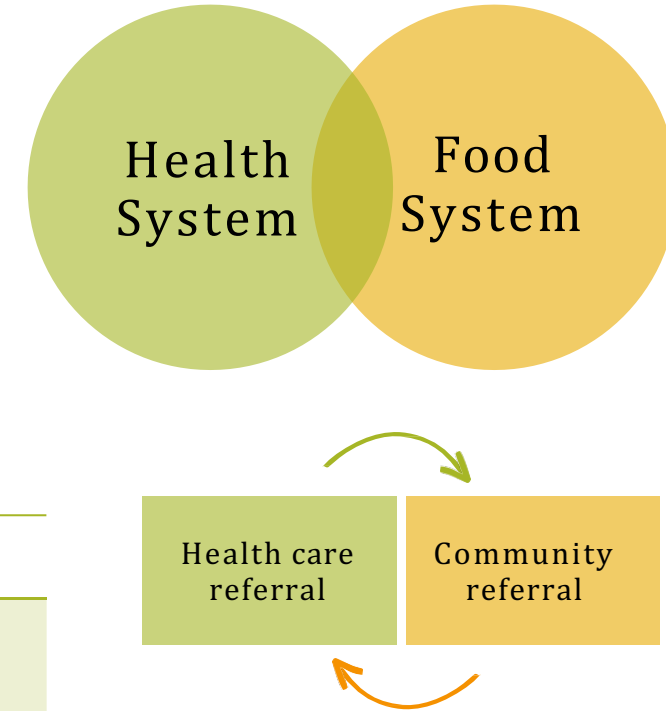
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# Scope

Food is Medicine interventions include:

1. the provision of food that supports health, such as medically tailored meals or groceries, or **food assistance**, such as vouchers for produce; and
2. a **nexus** to the health care system.



## In scope

Food/food assistance IN ADDITION TO education, resource referrals, lifestyle change programs, etc.

Enhancement of food support programs due to health risks/conditions

Medically tailored meals, medically tailored groceries, produce prescriptions

## Out of scope

Interventions focused on micronutrients, supplements, or parenteral/enteral nutrition products

Existing federal food support programs with the exception of WIC

Nutrition education, lifestyle change programs without food support

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# Interventions Defined

Interventions are:

- Primarily developed in the community/evolution of community-based programs
- National associations and coalitions are coalescing around definitions and standards
- Dynamic, with innovation at the boundaries of each category

	Medically tailored meals	Medically tailored groceries*	Produce prescriptions*
Preparation level and type of food	Ready-to-eat (reheated in an oven or microwave) meals and snacks	A range of perishable and nonperishable grocery items, including produce, that will require further preparation	Produce—fresh, frozen, or canned (no added salt, sugar, or fat)—which, depending on the items, may require further preparation
Amount of food	Complete or near-complete (over 50% of caloric needs met) nutrition	Partial or near-complete nutrition	Supplemental nutrition

*\*There is significant overlap between these two categories as some produce prescriptions cover significant amounts of produce (either via voucher or direct provision) or even non-produce, minimally processed items.*

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# Interventions Defined



**Medically tailored meals:** Fully prepared meals designed by a Registered Dietitian Nutritionist to address an individual's medical diagnosis, symptoms, allergies, and medication side effects.



**Medically tailored groceries:** Distributions of unprepared or lightly processed foods that recipients are meant to prepare for consumption as home; the contents are sufficient to prepare nutritionally complete meals or provide a significant portion of ingredients for such meals, including produce, whole grains, legumes, and proteins



**Produce prescriptions:** Vouchers and debit cards that can be redeemed for produce, or direct distribution of produce made available to recipients based on a health condition or health risk; produce is generally fresh but can also be canned or frozen with no added sugar, fat, or salt.

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# Foundational Research: Food Insecurity

Over 20 studies examined the impact of food insecurity on health outcomes, finding that food insecurity is associated with:

- **Worsened mental health outcomes** including depression, anxiety, and stress
- **Worsened physical health outcomes** including heart disease, obesity, diabetes, hypertension, and hyperlipidemia
- Poor health and **developmental risk in children**
- **Health-damaging circumstances and behaviors** including poor diet quality, unhealthy weight control, disordered eating, poor diabetes self-management, low medication adherence, and missed clinical visits
- **Increased health care utilization and costs** including inpatient hospitalizations, emergency department visits, and prescription medications

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# Foundational Research: Existing Programs

Over 50 studies examined the association between the following key federally funded food support programs and physical and/or behavioral health outcomes.

1. Supplemental Nutrition Assistance Program (SNAP)
2. National School Lunch Program (NSLP)
3. Older Americans Act Nutrition Services Program (OAANSP)
4. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Criteria: Conducted in the United States, written in English, and published in peer-reviewed journals within the last 25 years (15 for WIC).

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# Foundational Research: Existing Programs

- All three programs are associated with lower health care utilization and positive health outcomes—notably, improvements in **weight status, self-reported health status, and diet quality**.
- Mixed results: higher rates of obesity among SNAP participants, particularly when participants are compared with eligible nonparticipants (those who meet the program's eligibility requirements but are not enrolled)
- Importance of understanding the baseline health and demographic characteristics of participants. Difficulty of isolating program participation.

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# Foundational Research: WIC

Third-largest food program, serving about 7 million people (parents, children < 5, and infants) each month through the provision of food (via packages, vouchers, or credits), nutrition education, and referrals to social and health care services.

WIC **meets our definition of a Food is Medicine intervention:**

- **Provision of food:** Targeted, supplemental nutrition for different stages of pregnancy and childhood development (7 different packages). Food via checks, vouchers, or electronic benefits card.
- **Nexus to the health care system:** Applicants must undergo a health assessment by a health professional and be deemed “at nutritional risk” (criteria vary by state).

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# Recommendations

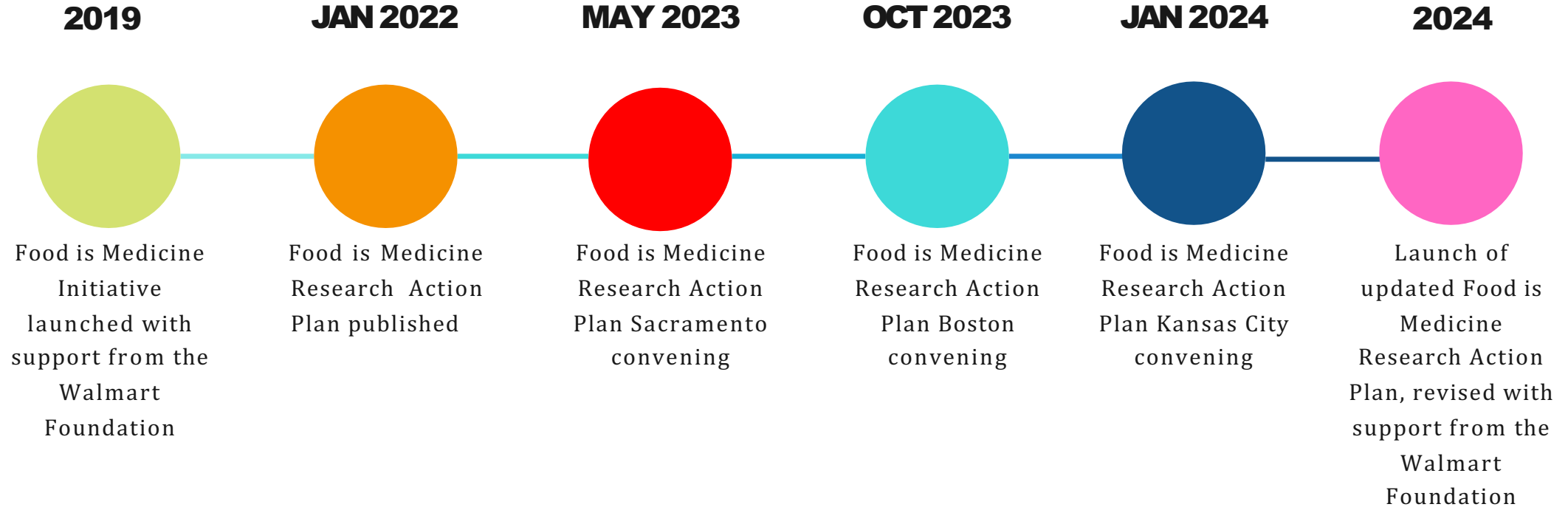
- The National Institutes of Health should invest significantly more in Food is Medicine research.
- A federal agency or federally appointed entity should be formally tasked with coordinating efforts across federal agencies to explore the impact of Food is Medicine interventions in many populations and geographies.
- The Centers for Medicare and Medicaid Services, along with state Medicaid agencies, should seek to capture data on Food is Medicine interventions from natural experiments generated by program policy changes. Evaluation of these impacts should be a priority for research funding.
- Build coverage for Food is Medicine Services into baseline benefits for U.S. health care programs
- Address regulatory barriers which currently inhibit community-clinical partnerships
- Improve access to fruits and vegetables in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

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# Food & Society's Work



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Q&A

# Thank You



The Food is Medicine Research Action Plan can be downloaded from:

[AspenInstitute.org/food](https://www.AspenInstitute.org/food)

Email us at [foodandsociety@aspeninstitute.org](mailto:foodandsociety@aspeninstitute.org)

