

FOOD AS MEDICINE: AN EVIDENCE-BASED CASE FOR SUSTAINABLE FUNDING IN NEW YORK

Peer-reviewed research and numerous pilots show that Food as Medicine interventions are a powerful response to address diet-related chronic illness, rising health care costs, and health disparities.

The Vast Costs of Food Insecurity and Diet-Related Conditions

Poor diet is the leading risk factor for death in the United States.¹ People who are food insecure, meaning they lack access to the necessary foods to meet their nutritional needs, are at a greater risk of developing 10 of the costliest and most deadly diet-related chronic conditions, such as hypertension, coronary heart disease, stroke, cancer, and diabetes.² These burdens disproportionately affect communities of color.³

Diet-affected chronic health conditions cost the United States over a trillion dollars in medical expenses each year.⁴ The costs to the U.S. economy are even higher.⁵

New York Spotlight: Food Insecurity and Chronic Illness

Approximately one in ten (about 800,000) households is food insecure. More than 40% of adults suffer from a chronic condition; 6 in 10 deaths result from such diseases. Chronic illness is responsible for 23% of all hospitalizations.⁶

Food as Medicine: The Evidence-Based Solution

Food as Medicine (FAM) interventions are tailored by medical providers to respond to the connection between food and health by helping to prevent and treat diet-related disease.

Peer-reviewed research demonstrates that FAM treatments – such as medically tailored meals, medically tailored groceries, and produce prescriptions, along with nutrition education – are effective, cost-efficient solutions to improve patient health and address health inequities, leading to significant cost savings.

A recent modeling study found that nationwide adoption of medically tailored meals would prevent an estimated 1.6 million hospitalizations and save payers a net \$13.6 billion in the first year.⁷

	Medically Tailored Meals ⁸	Medically Tailored Groceries ⁹	Produce Prescriptions ¹⁰
Number of peer-reviewed studies	14	17	30
Sample health condition(s) of study participants	Type 2 diabetes, HIV/AIDS, congestive heart failure, chronic liver disease, cancer	Type 2 diabetes, prediabetes, cancer, hypertension, heart disease	Type 2 diabetes, prediabetes, obesity, cancer, hypertension, pregnancy
Sample outcomes and findings	Reduced food insecurity, improved HbA1C levels, lower BMI, decreased depression scores, chronic liver disease-specific improvements, heart failure-specific improvements	Reduced food insecurity, improved cholesterol levels, improved HbA1C levels, decreased blood pressure	Reduced food insecurity, increased fruit and vegetable intake, improved HbA1C levels, lower BMI

Meta-analyses compile findings from individual studies, increasing the statistical power of the studies. Three recent meta-analyses further support the conclusion that FAM interventions can improve health outcomes, increase diet quality, and lower health care costs.¹¹

FAM has also been found to boost state and local economies by supporting local and regional farmers and agriculture; benefiting food retailers such as supermarkets, farmers markets, and community-supported agriculture programs (CSAs); and encouraging the growth of community-based organizations.¹²

New York Spotlight: Food as Medicine at Work

Corbin Hill Food Project Food as Medicine Project

Corbin Hill Food Project (CHFP), a BIPOC-led non-profit organization, is leading a produce prescription pilot program supported by the Gus Schumacher Nutrition Incentive Program (GusNIP) that will serve 260 families in the Bronx and Harlem, providing bi-monthly produce boxes over the course of 12 months. CHFP is partnering with Mount Sinai Health System, the Icahn School of Medicine at Mount Sinai, and the Institute for Family Health's Bronx Health REACH Project to measure the impact of the pilot on food insecurity and health outcomes.¹³

Buffalo Niagara Medical Campus Food as Medicine Research Project

Buffalo Niagara Medical Campus (BNMC) has received a grant from the Western New York HighMark Blue Fund to develop a replicable model to deliver medically tailored meals, nutrition education, and social supports. BNMC will collaborate with local health care centers and food purveyors to provide participants two medically tailored meals per day, five days per week, for six weeks. The program will also include nutrition education, mindfulness training, and environmental support.¹⁴

NYC Health + Hospitals 'Food for Health' Produce Prescription Study

The 'Food for Health' research study will test how removing financial, transportation, and access barriers may increase the impact of produce prescription programs on a variety of metrics including children's diets and health, and family food security. The randomized control trial will provide a produce prescription and/or home-delivered, locally grown produce to 250 families with children 2-8 years of age who receive pediatric care at NYC Health + Hospitals in Queens and who are overweight or face obesity and are at risk for chronic diseases later in life.¹⁵

Realizing the Potential of Food as Medicine with Sustainable Funding

Most FAM programs rely on grants and charitable donations for their funding, which can limit scope, reach, and sustainability. In recent years, leaders in the U.S. health care and food systems have been working to address the costs of nutrition insecurity and chronic conditions through systems-level change allowing sustainable funding of FAM treatments through Medicaid and Medicare.

State policymakers and health plans can fully leverage the benefits of FAM by taking advantage of this funding through policy pathways such as Medicaid section 1115 waivers, In Lieu of Services, and Medicare Advantage Supplemental Benefits and Special Supplemental Benefits for the Chronically Ill.¹⁶

New York Spotlight: Sustainable Funding through In-Lieu of Services

New York's approval of medically tailored meals as in lieu of services is a step towards more sustainable funding for FAM interventions.¹⁷ New York can take further action through this and other payment pathways to integrate FAM into health care and fully realize the above, evidence-based returns on investment.

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