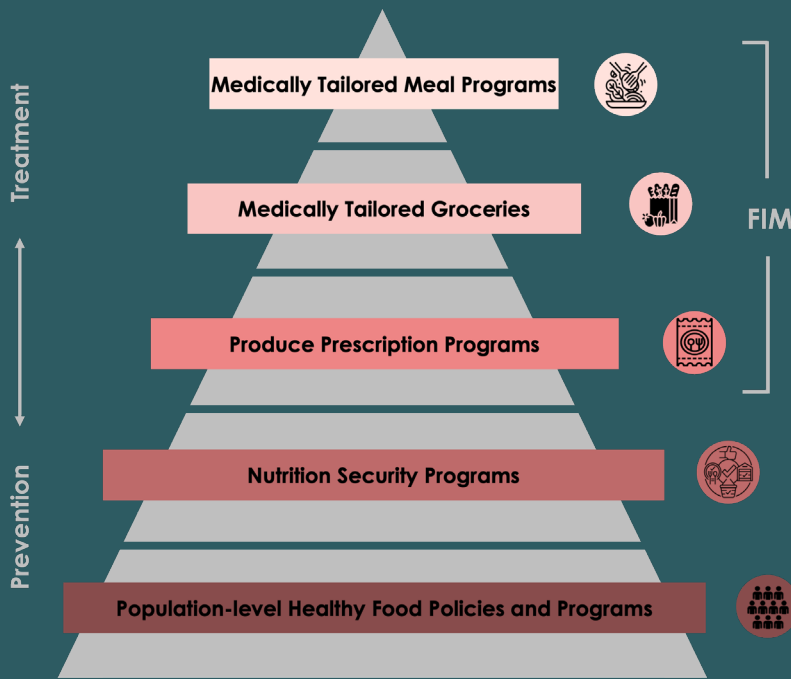


# What is Food is Medicine?

Food is Medicine (FIM) programs use food to help prevent and treat health conditions.

## THE FOOD AND HEALTHCARE PYRAMID\*



This pyramid shows the role that food can play in healthcare.

At the bottom of the pyramid are programs that help people access healthy foods and nutrition education. Examples of these programs include the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The State of Alaska has implemented numerous initiatives to maximize the impact of these programs, such as a \$1 for \$1 match on qualifying produce purchases for seniors and WIC and SNAP participants.<sup>1</sup>

Food is Medicine programs build upon these programs and policies to treat diet-related conditions and address food insecurity as part of a patient's treatment plan. In Food is Medicine programs, medical providers identify patients' diet-related and food needs and write prescriptions or referrals to address those needs.<sup>2</sup> **Produce prescriptions, medically tailored groceries, and medically tailored meals** are three common types of Food is Medicine programs.

## PRODUCE PRESCRIPTIONS

**Produce Prescriptions** help patients eat more fruits and vegetables. Programs offer free or discounted produce.

### Who are they for?

Patients with diet-related health risks or conditions (such as diabetes, prediabetes, hypertension, and obesity) who struggle to afford healthy food.

### How do they work?

Medical providers write prescriptions for produce that can be picked up or delivered to the home. Some programs offer vouchers or electronic funds that can be used at retail sites, like farmers' markets or grocery stores.

Produce prescriptions can improve food security, increase fruit and vegetable intake, improve blood pressure, decrease body mass index (BMI), and improve HbA1C levels.<sup>3</sup>

The Yukon-Kuskokwim Health Corporation runs a produce prescription program in the Yukon-Kuskokwim Delta. Since 2019, the program has received federal funding to provide SNAP and/or Medicaid eligible adults who have prediabetes, diabetes, and/or gestational diabetes with \$45 per month to purchase fruits and vegetables.<sup>4</sup>



CENTER for HEALTH LAW  
and POLICY INNOVATION  
HARVARD LAW SCHOOL

## MEDICALLY TAILORED GROCERIES

**Medically Tailored Groceries** are packages of foods that patients can cook and eat at home. The food packages are designed to meet all or most of the patient's food needs.

### Who are they for?

Patients with medical conditions (such as diabetes and hypertension) who can still shop and cook.

### How do they work?

Medical providers approve food packages as part of a patient's treatment plan. Food packages range from boxes of fresh foods to meal kits. Medically tailored groceries may be picked up at a food bank, clinic, or other site or delivered to a patient's home.

Medically tailored groceries can improve HbA1C levels and decrease blood pressure.<sup>5</sup>

## MEDICALLY TAILORED MEALS

**Medically tailored meals** are home-delivered, prepared meals designed for a specific patient.

### Who are they for?

Patients with severe or complex medical conditions (such as poorly controlled diabetes, heart failure, cancer, kidney failure, and HIV) that make it difficult to shop or cook.

### How do they work?

Medical providers design ready-to-eat meals to meet the patient's unique food needs.

Medically tailored meals improve HbA1C levels, lower BMI, and decrease depression.<sup>6</sup> Medically tailored meals also help patients struggling with heart failure.<sup>7</sup>

## FOOD IS MEDICINE BY THE NUMBERS

**Food Insecurity and Chronic Illness in Alaska:** 12.8% of Alaskans are food insecure.<sup>8</sup> This increases the risk of chronic illnesses. Many Alaskan adults have diet-related health conditions.

- 68% of adults are overweight or obese
- 31% have high blood pressure
- 27% have high cholesterol
- 8% have diabetes
- 5% have heart disease<sup>9</sup>

**Reducing Costs:** Diet-related health conditions cost the United States more than **one trillion dollars** in medical expenses each year.<sup>10</sup> Research shows that Food is Medicine programs reduce health care costs.<sup>11</sup>

- National implementation of produce prescriptions for food insecure patients with diabetes could save **\$36.9 billion** in healthcare costs.<sup>12</sup>
- Nationwide offering of medically tailored meals to patients with diet-related conditions could prevent **1.6 million hospitalizations** and save **\$13.6 billion** annually.<sup>13</sup>

Food is Medicine programs also help state and local economies by supporting local and regional food systems and encouraging the growth of community-based organizations.<sup>14</sup>

## STATE POLICY OPPORTUNITIES TO LEVERAGE FOOD IS MEDICINE: MEDICAID 1115 WAIVERS

One way to fund Food is Medicine programs is through a Medicaid Section 1115 waiver. Section 1115 authorizes the Centers for Medicare & Medicaid Services to approve experimental, pilot, or demonstration projects, offering states an avenue to test new approaches in Medicaid.<sup>15</sup> An 1115 waiver can empower Medicaid to pay for the full spectrum of FIM programs.<sup>16</sup> As of May 2024, 23 states have 1115 waivers or proposals that include coverage for nutrition services (e.g., screening for food insecurity, nutrition education, and/or provision of food) and 14 of those include coverage of the direct provision of food.<sup>17</sup>

## Endnotes

- 1 *Food Access at Farmers Markets*, ALASKA FARMERS MARKETS, <https://alaskafarmersmarkets.org/food-access-and-food-assistance-programs/> (last visited May 6, 2024); *Supplemental Nutrition Assistance Program (SNAP)*, ALASKA DEPARTMENT OF HEALTH, <https://health.alaska.gov/dpa/Pages/SNAP/default.aspx> (last visited May 6, 2024).
- 2 Sarah Downer et al., Ctr. For Health L. & Pol’y Innovation and Aspen Institute, *FOOD IS MEDICINE RESEARCH ACTION PLAN*, 24 (2022), [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf) (hereafter RESEARCH ACTION PLAN).
- 3 For a collection of peer-reviewed research, see RESEARCH ACTION PLAN at 72-74, [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf).
- 4 NUTRITION INCENTIVE HUB, *GusNIP Grantees*, <https://nutritionincentivehub.org/grantee-projects>.
- 5 For a collection of peer-reviewed research, see RESEARCH ACTION PLAN at 66-67, [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf).
- 6 For a collection of peer-reviewed research, see RESEARCH ACTION PLAN at 60-61, [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf).
- 7 For a collection of peer-reviewed research, see RESEARCH ACTION PLAN at 60-61, [https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final\\_012722.pdf](https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf); see also Lauren Belak et al., *The Impact of Medically Tailored Meals and Nutrition Therapy on Biometric and Dietary Outcomes Among Food-insecure Patients with Congestive Heart Failure: A Matched Cohort Study*, 8 BMC NUTRITION (2022), <https://doi.org/10.1186/s40795-022-00602-y>.
- 8 *Food Insecurity Among Overall (all ages) Population in Alaska*, Feeding America, <https://map.feedingamerica.org/county/2022/overall/alaska> (last visited June 4, 2024).
- 9 *Alaska Chronic Disease Facts: 2023 Brief Report*, Alaska Department of Health (Aug. 2023), [https://content.govdelivery.com/attachments/AKDHSS/2023/09/27/file\\_attachments/2629164/2023\\_CDBriefReport.pdf](https://content.govdelivery.com/attachments/AKDHSS/2023/09/27/file_attachments/2629164/2023_CDBriefReport.pdf).
- 10 Costs of Chronic Disease in the U.S., MILKEN INST. (2018), [https://milkeninstitute.org/sites/default/files/reports-pdf/ChronicDiseases-HighRes-FINAL\\_2.pdf](https://milkeninstitute.org/sites/default/files/reports-pdf/ChronicDiseases-HighRes-FINAL_2.pdf).
- 11 Aleda M H Chen et al., *Food as Medicine? Exploring the Impact of Providing Healthy Foods on Adherence and Clinical and Economic Outcomes*, 5 EXPLORATORY RES. CLIN. SOC. PHARMACY (Mar. 2022), <https://pubmed.ncbi.nlm.nih.gov/35478519/>; Yueying Gao et al., *The Effect of Food is Medicine Interventions on Diabetes-related Health Outcomes Among Low-income and Food-insecure Individuals: A Systematic Review and Meta-analysis*, 47(2) CAN. J DIABETES (Mar. 2023), <https://pubmed.ncbi.nlm.nih.gov/36470724/>; Alyson Haslam et al., *The Effect of Food Prescription Programs on Chronic Disease Management in Primarily Low-Income Populations: A Systematic Review and Meta-Analysis*, 28(3) NUTR. HEALTH (Sep. 2022), <https://pubmed.ncbi.nlm.nih.gov/35108144/>.
- 12 Lu Wang et al., *Health and Economic Impacts of Implementing Produce Prescription Programs for Diabetes in the United States: A Microsimulation Study*, 12 J. AM. HEART ASS’N 15 (2023), <https://www.ahajournals.org/doi/epub/10.1161/JAHA.122.029215>.
- 13 Kurt Hager et al., *Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated Hospitalizations and Health Care Expenditures in the US*, JAMA NETWORK (2022), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797397>.
- 14 *Gus Schumacher Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center: Impact Findings*, Nutrition Incentive Hub (2021), <https://www.nutritionincentivehub.org/media/fjohmr2n/gusnip-ntae-impact-findings-year-2.pdf>; Julian Xie et al., *The Impact of a Produce Prescription Programme on Healthy Food Purchasing and Diabetes-Related Health Outcomes*, 24 PUBLIC HEALTH NUTR. 3945 (2021), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8369461/>.
- 15 CTRS. FOR MEDICARE & MEDICAID SERVS., *Addressing Health-Related Social Needs in Section 1115 Demonstrations* (Dec. 6, 2022), <https://www.medicare.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf>; see also STATE HEALTH & VALUE STRATEGIES, *Recent Updates to Section 1115 Waiver Budget; Neutrality Policy: Overview and Implications for States* (Dec. 2022), [https://www.shvs.org/wp-content/uploads/2022/12/SHVS\\_Recent-Updates-to-Section-1115-Waiver-Budget-Neutrality-Policy.pdf](https://www.shvs.org/wp-content/uploads/2022/12/SHVS_Recent-Updates-to-Section-1115-Waiver-Budget-Neutrality-Policy.pdf).
- 16 CTRS. FOR MEDICARE & MEDICAID SERVS., *Addressing Health-Related Social Needs in Section 1115 Demonstrations* (Dec. 6, 2022), <https://www.medicare.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf>; see also STATE HEALTH & VALUE STRATEGIES, *Recent Updates to Section 1115 Waiver Budget; Neutrality Policy: Overview and Implications for States* (Dec. 2022), [https://www.shvs.org/wp-content/uploads/2022/12/SHVS\\_Recent-Updates-to-Section-1115-Waiver-Budget-Neutrality-Policy.pdf](https://www.shvs.org/wp-content/uploads/2022/12/SHVS_Recent-Updates-to-Section-1115-Waiver-Budget-Neutrality-Policy.pdf).
- 17 *State Waivers List*, MEDICAID.GOV, <https://www.medicare.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/index.html> (last visited April 2, 2024) (DC and RI’s 1115 waiver proposals are at the state comment level).

## \*Food is Medicine Pyramid

Dariush Mozaffarian et al., *A Food is Medicine approach to achieve nutrition security and improve health*, 28 NATURE MEDICINE 2238 (Nov. 2022), <https://doi.org/10.1038/s41591-022-02027-3>.