

# **Pillar 2: Integrating nutrition and health**

## **The Challenge and Promise of Food is Medicine**

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WHITE HOUSE  
CONFERENCE ON  
**HUNGER,  
NUTRITION,  
& HEALTH**

Pillar 2

# Integrating nutrition and health



***#WHConfHungerHealth***

# Pillar 2: Integrate Nutrition and Health

**Pillar 2—Integrate Nutrition and Health: *Prioritize the role of nutrition and food security in overall health—including disease prevention and management—and ensure that our health care system addresses the nutrition needs of all people.***

## **Three strategies to address this pillar:**

- Provide greater **access** to nutrition services to better prevent, manage, and treat diet-related disease
- **Screen** for food insecurity and connect people to the services they need
- *Strengthen and diversify the **workforce***

# Key Plans to Support Pillar 2

- Expands “**food is medicine**” programs in Medicare, Medicaid, the VA, and the IHS, including medically tailored meals and produce prescriptions
- **Universal screening** for food insecurity in federal healthcare systems and **incentivizes payors** to screen for food insecurity and other SDOH
- Supports **data infrastructure** for food insecurity and other SDOH screenings
- Increases **nutrition training** for clinicians



- 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

# Theory of Change



Identification of food insecurity by positive clinical screen



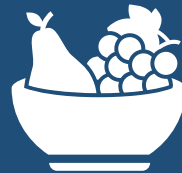
Referral to FIM program



Enrollment in FIM program



Improved diet quality, food security, and satisfaction



Improvement of health and utilization outcomes



- 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


# Spectrum of FIM Programs

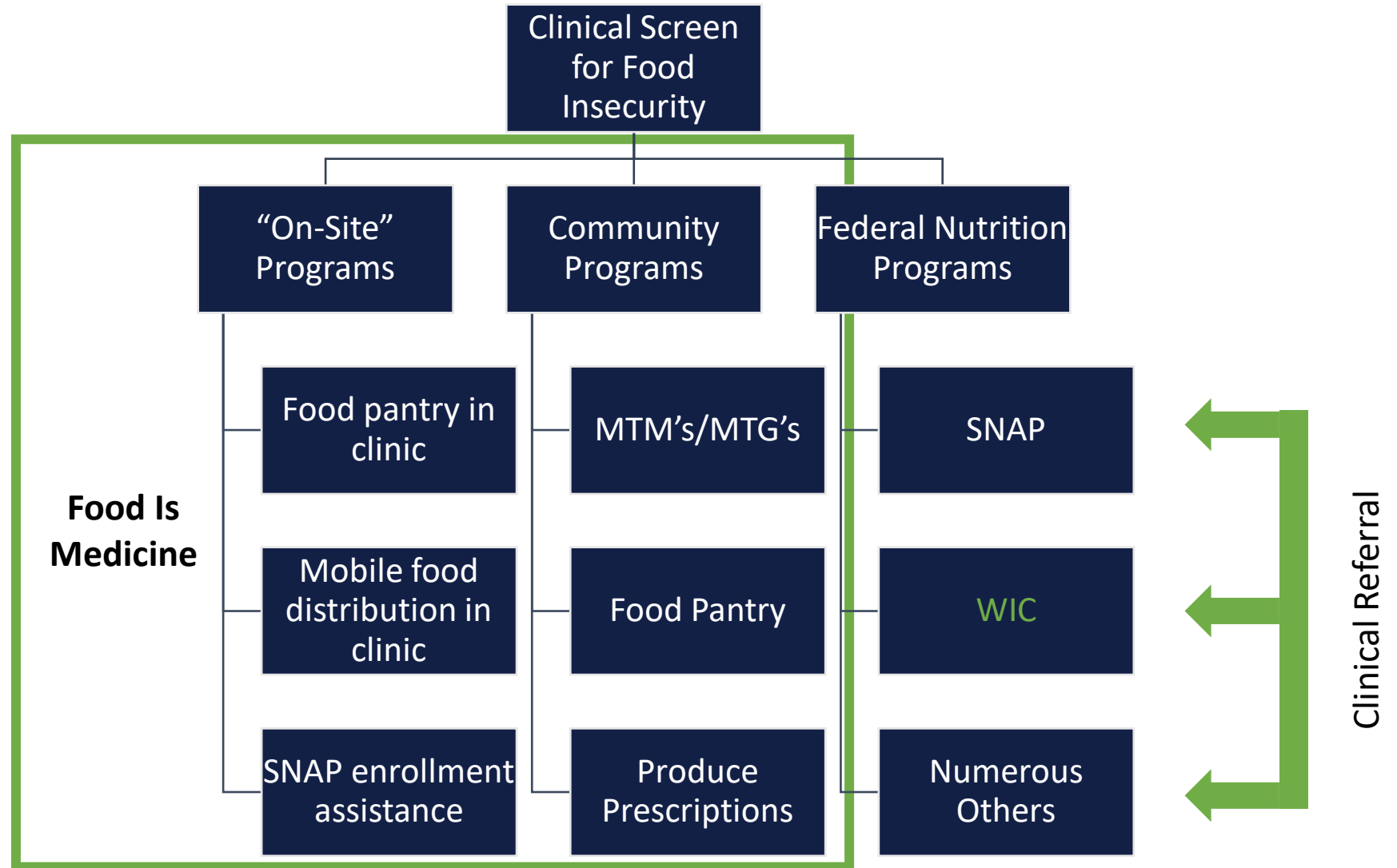
*From the perspective of health care*

*MTM=Medically Tailored Meals*

*MTG=Medically Tailored Groceries*

*SNAP=Supplemental Nutrition Assistance Program*

 = "food is medicine"



# Largest FIM Program



## WIC: BUILDING A HEALTHY FOUNDATION



### What is WIC?

The Special Supplemental Nutrition Program for Women, Infants, and Children – also known as WIC – supports maternal and child health by providing nutritious supplemental foods, nutrition education, breastfeeding promotion and support, and referrals to important health care and other social services.



Healthy foods



Nutrition education



Breastfeeding support



Referrals

Can FIM programs be scaled?

**PROVEN**

Can FIM programs impact short and long term health outcomes?

**PROVEN**



**What do we know about  
the impact of FIM  
programs?**

# Summary of the 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		
PPR		✓	
	diet quality, food security, diabetes outcomes		
On-site programs	✓		
	diet quality, food security, diabetes outcomes		

*MTM=Medically Tailored Meals*

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*PPR=Produce Prescription Program*

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## 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

PPR: 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)

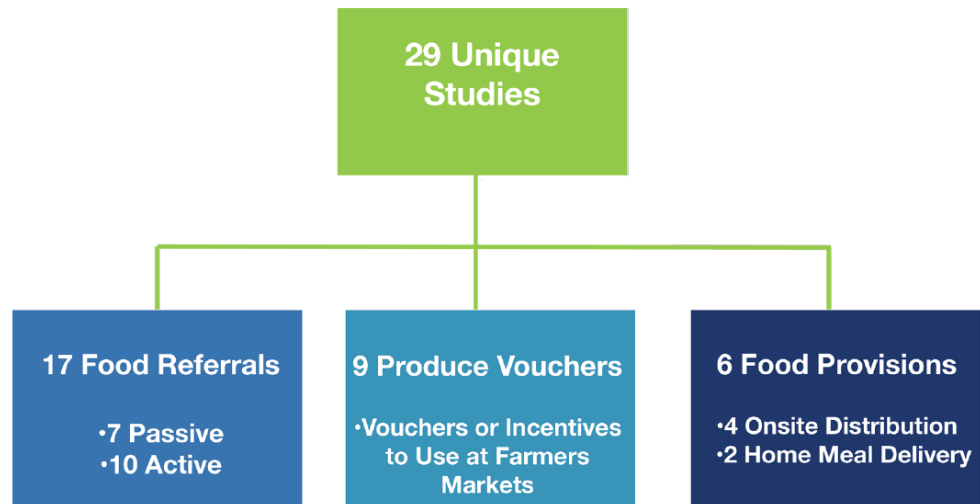


Table 1. Summary of review results: Food insecurity interventions

Outcome	Impact		
	Referrals	Vouchers	Food*
Resource use	Mixed (4)	Improved (3)	-
Food security status	Improved <sup>^</sup> (2)	Improved (2)	Improved (1)
Health behaviors	Mixed (2)	Improved <sup>#</sup> (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  
<sup>^</sup> Based on a study with a sample size 13 and a qualitative retrospective study so should be interpreted with caution.

<sup>#</sup> 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

# Modelling Studies Have Limitations but Can Fill in Some Gaps

## 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

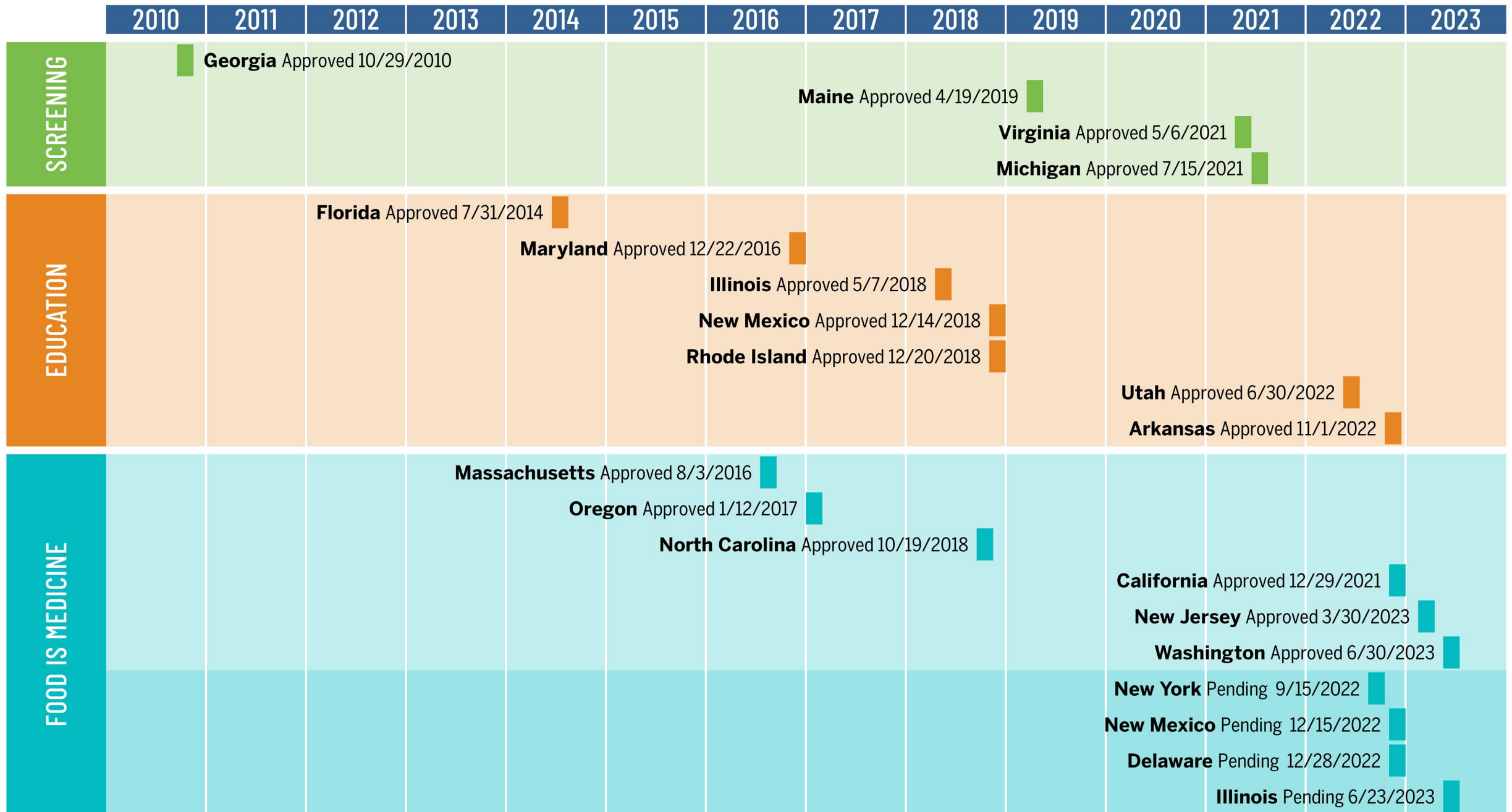


For more information, see "Cost-effectiveness of financial incentives for improving diet through Medicare and Medicaid: A microsimulation study" by Lee et al. (2019).  
<https://doi.org/10.1371/journal.pmed.1002761>

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**Georgia** Approved 10/29/2010

**Maine** Approved 4/19/2019

**Virginia** Approved 5/6/2021

**Michigan** Approved 7/15/2021

**Florida** Approved 7/31/2014

**Maryland** Approved 12/22/2016

**Illinois** Approved 5/7/2018

**New Mexico** Approved 12/14/2018

**Rhode Island** Approved 12/20/2018

**Utah** Approved 6/30/2022

**Arkansas** Approved 11/1/2022

**Massachusetts** Approved 8/3/2016

**Oregon** Approved 1/12/2017

**North Carolina** Approved 10/19/2018

**California** Approved 12/29/2021

**New Jersey** Approved 3/30/2023

**Washington** Approved 6/30/2023

**New York** Pending 9/15/2022

**New Mexico** Pending 12/15/2022

**Delaware** Pending 12/28/2022

**Illinois** Pending 6/23/2023

# California's ILOS: CalAIM

allows health plans to pay for nonmedical services instead of standard Medicaid benefits when it is medically appropriate & cost effective

- » Housing Transition Navigation Services
- » Housing Deposits
- » Housing Tenancy and Sustaining Services
- » Short-Term Post-Hospitalization Housing
- » Recuperative Care (Medical Respite)
- » Day Habilitation Programs
- » Caregiver Respite Services
- » Personal Care and Homemaker Services
- » Nursing Facility Transition/Diversion to Assisted Living Facilities
- » Community Transition Services/  
Nursing Facility Transition to a Home
- » Environmental Accessibility Adaptations  
(Home Modifications)
- » Medically Tailored Meals/  
Medically-Supportive Food
- » Sobering Centers
- » Asthma Remediation

# California's ILOS: CalAIM

allows health plans to pay for nonmedical services instead of standard Medicaid benefits when it is medically appropriate & cost effective

This ILOS provides essential nutritional support to individuals facing food insecurity and/or requiring specialized diets due to their condition:

- **Medically Tailored Meals/Medically Supportive Food** to provide individuals with meals following discharge from a hospital or nursing home or medically tailored meals to meet the unique dietary needs of those with chronic diseases.

# HHS Food is Medicine Summit

On Wednesday, January 31, 2024, the Office of Disease Prevention and Health Promotion (ODPHP) partnered with the Office of Intergovernmental & External Affairs to host the first-ever HHS Food is Medicine summit in Washington, D.C., an all-day event for policymakers, advocates, researchers, and a wide variety of stakeholders with equities in the Food is Medicine space to engage in a substantive conversation about why food is medicine is important, what actions are being taken to advance uptake, and what stakeholders can do to bolster this work.

The summit, which is part of the larger ODPHP-led Food is Medicine initiative to unify and advance collective action, reflects Secretary Becerra's vision of moving our country from an illness-care system to a wellness-care system through HHS's broader Food is Medicine initiative and other related government initiatives.

Agenda: [\[link to pdf\]](#)

## Summit Recording: Part 1

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Topics covered in Part 1 of the HHS Food is Medicine Summit include:

- A Vision for Food is Medicine to Support People & Thriving Communities
- The Power and Importance of Nourishment
- HHS Announcements: Advancing a Collaborative Food is Medicine Landscape
- Department of HHS Collaboration and Investments in Food is Medicine
- New CMS Guidance Framing and Opportunities

<https://health.gov/our-work/nutrition-physical-activity/food-medicine/hhs-food-medicine-summit>

# Standardized Clinical Screening: Hunger Vital Sign<sup>®</sup>

1. Within the past 12 months we worried whether our food would run out before we got money to buy more.
2. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

Often or sometimes true to  
EITHER question suggests food insecurity  
(97% sensitivity, 83% specificity)

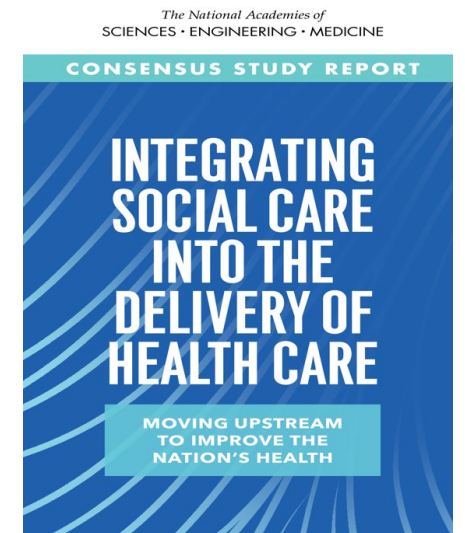
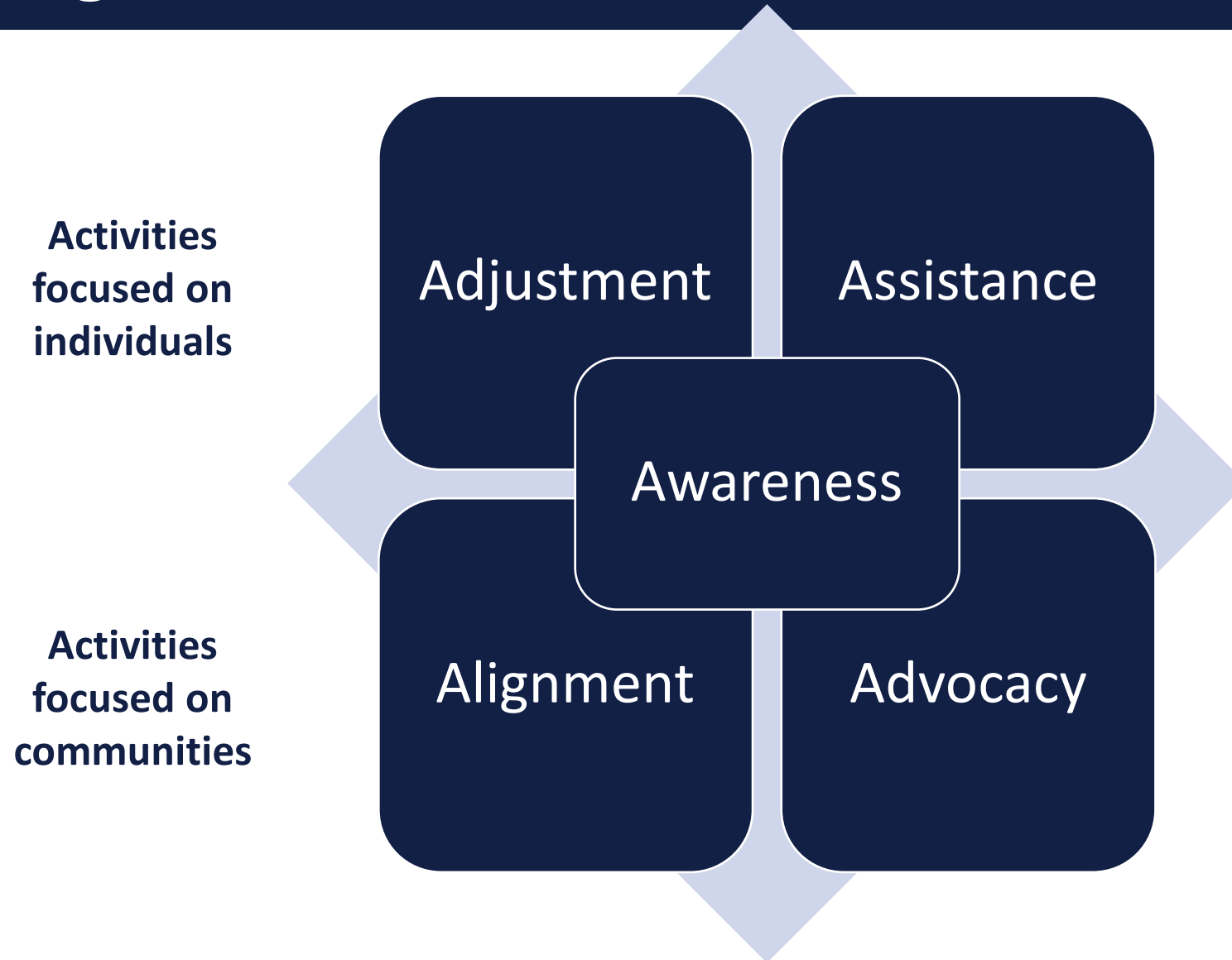
Many options now for screening, some of which are single items embedded in other SDOH screening tools and pre-populated in EHR.

For test characteristics among households with children: Hager, Pediatrics, 2010  
For test characteristics among households without children, population-based:  
Gundersen & Seligman, PHN, 2017

# Best Practices in Food Insecurity Screening

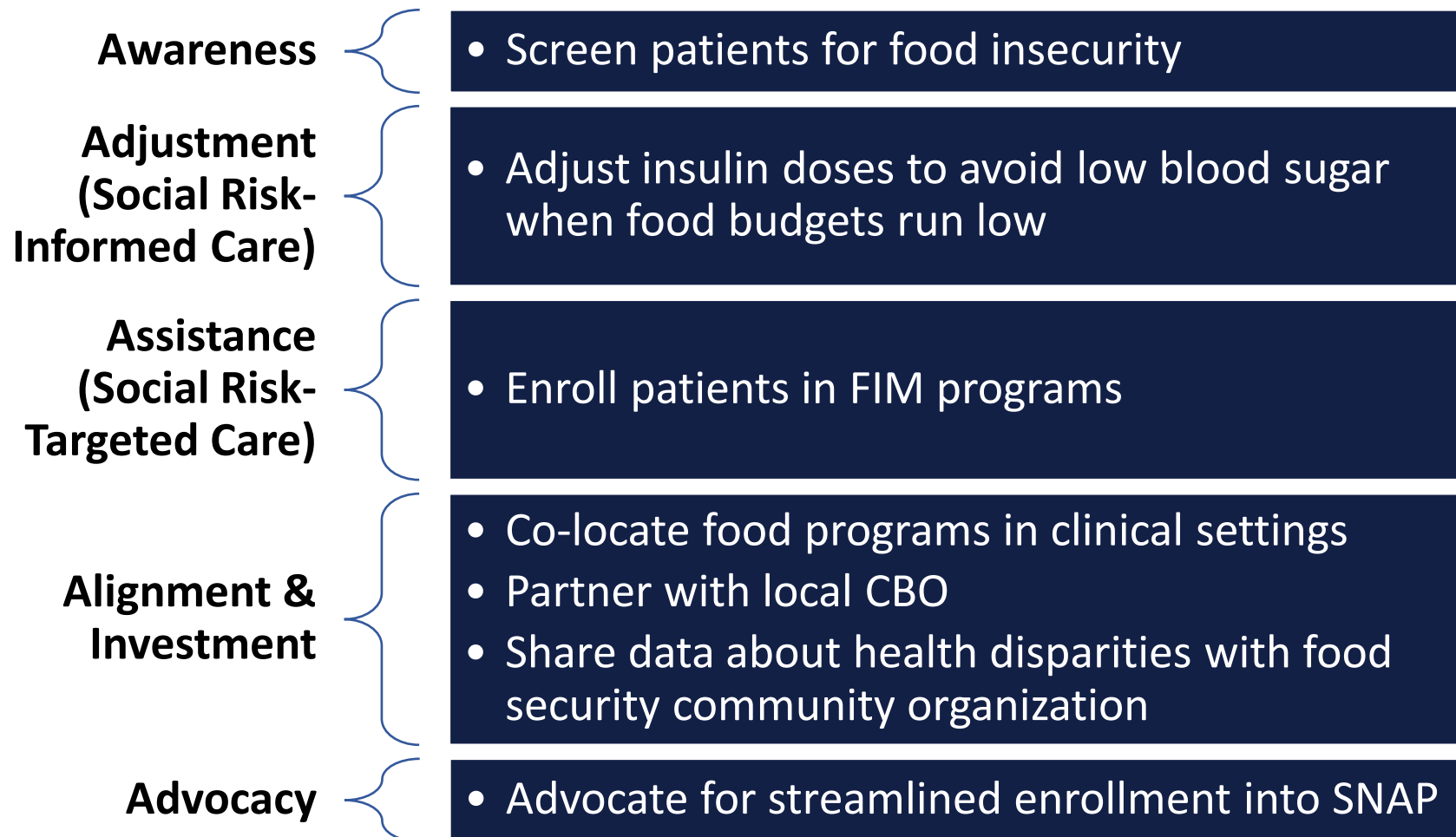
- “I ask all of my patients about access to food. I want to make sure you know all of the community resources available to you. Many of them are free of charge.”
  - Stigma, “neglect”
- Medical provider should follow up on a +HVS, but may not be the best person to administer HVS
- “Would you like help with accessing food or resources for food **today?**”
- Frequency
  - Screen everyone once
  - Screen high-risk populations regularly: FI is dynamic!

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



# A Vision for the Future

## *5 A's for Food Security*





# SNAP is not a FIM intervention, but we can learn from it

- Intermediate outcomes
  - Reduces food insecurity by 20-30%
  - By increasing food budget, sometimes shifts dietary intake towards healthier (and more expensive) foods
- Associated with wide diversity of improved health outcomes
  - Better general health status
  - Improved medication adherence (older adults)
  - Improved child health & reduced risk metabolic syndrome
  - Reduced health care utilization
  - Reduced health care costs (est \$1400/year)

Berkowitz, Seligman, & Rigdon. SNAP Participation and Health Care Expenditures among Low-Income Adults. *JAMA Int Med.* 2017.

# Conclusions

- WIC is already proven
  - Scalable
  - Positive impact on health outcomes
- Tremendous momentum toward implementing FIM programs across the US
  - Within Medicaid, this is primarily being driven by 1115 waivers
  - Wide spectrum of FIM interventions, many leveraging infrastructure of community-based organizations
- Pillar 2 reinforces federal coordination to support further dissemination of Food is Medicine programs

# Thank You!

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