



‘Food as medicine’ on the table

FOOD AS MEDICINE may be the next big movement in agriculture, food, and health care policy.

That’s the inevitable conclusion after 260 dietitians, health care providers, grocery-store executives, and anti-hunger advocates paid as much as \$1,299 each to attend the Food as Medicine Policy Summit last week in Washington. (The lowest nonprofit rate charged by GreyGreen, a British for-profit events firm, was \$399.)

In the words of Ken Neumann, the founder and CEO of Youtopia, a company that wants to use nutrition to help people live to be 120 years old, “We are talking about transforming the lives of millions of people.”

Michel Nischan, the co-founder of Wholesome Wave, a chefs’ group that lobbies for helping low-income people afford healthier food, said allowing people to use government and private health care insurance to buy fruits and vegetables instead of prescription drugs is “like a multibillion-dollar miracle drug that hasn’t been released yet.”

Melissa Habedank Bender, the vice president of the American Institute for Cancer Research and the chair of the conference, said that 40 percent of cancers could be prevented by improving diets.

So what is the food-as-medicine movement? Advocates believe changing Americans’ diets away from the fat, sodium, and added sugars that have led to high levels of obesity and instead toward fruits, vegetables, fiber, and lean protein can reduce the need for prescription drugs and hospitalizations. The advocates want Medicare, Medicaid, and private insurers to pay for diet interventions like produce prescriptions.

The only formal government program providing produce prescriptions is the Agriculture Department’s Gus Schumacher Nutrition Incentive Program, which was established to help people improve their health by incentivizing them to shop at small, local fruit and vegetable growers and farmers markets. After some foundations tried out the idea of providing coupons for Supplemental Nutrition Assistance Program beneficiaries to double their purchases of fruits and vegetables, GusNIP adopted it on a bigger scale. Schumacher was an Agriculture undersecretary in the Clinton administration who went on to found Wholesome Wave with Nischan.

The Special Supplemental Nutrition Program for Women, Infants, and Children, which provides money for low-income women to buy healthier foods for themselves and their children, is a “nutrition-prescription” program even though it’s never been called that, said Caree Cotwright, an Agriculture Department official.

Nischan said USDA food-as-medicine programs are fine, but “the true scale lies in health care policy.”

Medicare, Medicaid, and private insurance won’t generally pay for dietary interventions under current law.

There was great disagreement at the conference about whether the scientific evidence that nutritious food would improve health and save money already exists or whether more study is necessary to convince Congress that the government and health plans should cover the interventions.

It’s clear federal health officials are interested. Representatives of the Food and Drug Administration, the Centers for Disease Control and Prevention, the National Institutes of Health, and their parent organization, the Health and Human Services Department, all discussed food-as-medicine pilot projects they hope will fulfill a congressional mandate to reduce illness and achieve health equity. The Veterans Affairs Department is providing nutritional counseling, and the Indian Health Service has also shown interest.

There’s still the question of what exactly the diet interventions should be and whether people would practice them. Jacob Mirsky, the medical director of the Massachusetts General Hospital Revere Food Pantry, said his program provides low-income patients with food packages containing fresh fruits and vegetables, as well as canned beans for protein—no meat or dairy.

Whether most Americans would follow a plant-only diet is an open question. The meat and dairy industries also argue science shows their products provide vital nutrients.

Some physicians have prescribed medically tailored meals, particularly after surgeries, but Susan Bratton of Savor Health, a company that specializes in precision nutrition, said that after five weeks people wanted advice on how to shop rather than have meals delivered.

One subject with which attendees were clearly not comfortable was Ozempic and other weight-loss drugs that suppress appetite and can lead to fewer food purchases. Two grocery-store executives said that people on the weight-loss drugs should be taught how to eat healthier, with the aim of transitioning off the drugs.

GreyGreen is planning two additional food-as-medicine conferences in 2024—one in Chicago in May and one in Washington after the election. □



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