

## POSITION STATEMENT:

# Prioritize “Food is Medicine” Initiatives in the 2023 Farm Bill for Human and Planetary Health

(AUGUST 2023) Elizabeth L. Adams, PhD, University of South Carolina; Roger Figueroa, PhD, MPH, MSc, Cornell University; Kristi E. White, PhD, University of Minnesota; Brooke M. Bell, PhD, Tufts University; Katie Alegria, PhD, University of California, San Francisco; Amy L. Yaroch, PhD, FSBM, Gretchen Swanson Center for Nutrition

## SUMMARY STATEMENT:

The Society of Behavioral Medicine supports funding for policies in the 2023 Farm Bill that align with a Food is Medicine framework and address multiple dimensions of human and planetary health.

## THE PROBLEM:

U.S. diets largely include energy-dense, nutrient-poor foods that are unsustainable for human and planetary health. These diets lead to chronic diseases,<sup>1</sup> early death,<sup>2</sup> greenhouse gas emissions,<sup>3-4</sup> environmental pollution,<sup>4</sup> and cost the health system billions of dollars each year.<sup>5</sup> Further, the consequences of poor diets are distributed inequitably across populations, with communities subjected to marginalization bearing the greatest burden.<sup>6-7</sup> Large-scale investments are needed in the U.S. to improve diets and their impact on health, the environment, and economy.

A Food is Medicine (FIM) framework is designed to improve dietary patterns by incentivizing nutrient-rich foods (e.g., fruits, vegetables, whole grains) to prevent, manage, and treat chronic diseases in a healthcare setting.<sup>8</sup> A range of interventions fall under the FIM framework. This policy brief highlights two: (1) produce prescription programs, which provide patients with fresh fruits and vegetables through prescriptions from healthcare providers and (2) medically tailored meals and groceries, which treat chronic conditions by prescribing nutritionally-tailored foods.<sup>9</sup> FIM interventions improve health outcomes, boost local economies, and reduce healthcare expenditures.<sup>9-13</sup> Further, diets rich in plant-based foods (i.e., fruits, vegetables), which are supported by FIM interventions, are more environmentally sustainable.<sup>14</sup> Thus, FIM interventions have the potential to provide co-benefits for both human and planetary health.

The Women, Infants, and Children (WIC) program was arguably the first FIM program, but not formally labeled as such. Since the 1970s, WIC has provided nutritious food for pregnant/postpartum individuals and children (ages 0-5 years),<sup>15</sup> along with a health assessment and nutrition education in a healthcare setting. WIC provides ongoing evidence that federally-funded FIM-type initiatives are effective in addressing diet-related health disparities.<sup>16</sup>



Yet, long-term federal investments for initiatives that fall under the official FIM category are much more recent and insufficient for providing adequate nutritious foods to all Americans. Urgent legislative action is needed to invest in more FIM efforts to address the compounding health and environmental crises.

## CURRENT POLICY:

The most recent 2018 Farm Bill included \$250 million for fruit and vegetable financial incentives through the Gus Schumacher Incentive Program (GusNIP).<sup>16</sup> Ten percent of these funds (\$25 million) were allocated to small demonstration projects for produce prescription programs (funding ≈ 10 grants/year). This was the first formal investment in produce prescription programs at the federal level, followed by additional one-time funding of \$40 million from the American Rescue Plan Act in 2022.<sup>17</sup> The success of these pilot programs warrants greater federal investments for an increased number and dollar amount for produce prescription projects through GusNIP.<sup>18</sup> Greater financial investments in produce prescription programs directly aligns with the 2022 White House National Strategy on Hunger, Nutrition and Health<sup>19</sup> and the United States Department of Agriculture priorities for enhancing nutrition security<sup>20</sup> and strengthening regional food systems.<sup>21</sup>

The amendment in the 2018 Farm Bill that included pilot funding for medically tailored meals was rejected. These programs have since relied on alternative funding sources

*Endorsing organizations do not write or have any control over position statement content. Amy L. Yaroch, PhD, FSBM is the Project Director for GusNIP's Nutrition Incentive Pr. All other authors declare they have no conflicts of interest.*

through community organizations, donations, ad hoc health care service benefits, Medicare Advantage programs, or state Section 1115 waivers. Many states have funded a broad range of FIM initiatives, alongside federal investments in GusNIP and recent interest from the National Institutes of Health.<sup>22</sup> However, current federal- and state-funded programs operate in silos. Thus, thoughtful coordination is needed to ensure alignment for strategic execution of these programs from different funding sources as FIM initiatives become increasingly common. Otherwise, there may be a lack of synergy in the processes, measurement, and ability to consolidate evidence across FIM projects and studies.

In September 2023, the current Farm Bill will expire, and Congress is discussing priorities for its reauthorization. This timing provides an imminent window of opportunity for policymakers to address public health's most pressing challenges by ensuring investments align with FIM initiatives through policies that strengthen our agriculture and food safety nets.

## RECOMMENDATIONS:

**Recommendation #1:** Increase the number and amount of awards for produce prescription programs through GusNIP. We recommend at least doubling allocated funds for produce prescription programs (\$50 million) compared to the 2018 Farm Bill (\$25 million cap for produce prescription programs).

**Recommendation #2:** Establish systems to align federal efforts (e.g., GusNIP, National Institutes of Health) with state-funded initiatives (e.g., Medicaid waivers) to synergistically advance FIM initiatives. This will require funding allocated to convene relevant stakeholders for strategic planning and shared decision making to align goals/processes around federal and state-based efforts.

**Recommendation #3:** Allocate funding for establishing financial incentives that are provided when sustainable agricultural practices are utilized in government-funded local and regional farm-to-institution programs for the prevention and management of health and disease.

## REFERENCES:

1. Micha R, Peñalvo JL, Cudhea F, Imamura F, Rehm CD, Mozaffarian D. Association Between Dietary Factors and Mortality From Heart Disease, Stroke, and Type 2 Diabetes in the United States. *JAMA*. 2017;317(9):912-924. doi:10.1001/jama.2017.0947
2. GBD 2017 Diet Collaborators. Health effects of dietary risks in 195 countries, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet*. 2019;393(10184):1958-1972
3. Hallstrom E, Gee Q, Scarborough P, Cleveland DA. A healthier US diet could reduce greenhouse gas emissions from both the food and health care systems. *Climatic Change*. 2017;142:199-212.
4. Swinburn BA, Kraak VI, Allender S, et al. The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission report [published correction appears in *Lancet*. 2019 Feb 23;393(10173):746]. *Lancet*. 2019;393(10173):791-846. doi:10.1016/S0140-6736(18)32822-8
5. Jardim TV, Mozaffarian D, Abrahams-Gessel S, et al. Cardiometabolic disease costs associated with suboptimal diet in the United States: A cost analysis based on a microsimulation model. *Plos Medicine*. 2019;16(12):e1002981.
6. Hilmers A, Hilmers DC, Dave J. Neighborhood disparities in access to healthy foods and their effects on environmental justice. *Am J Public Health*. 2012;102(9):1644-1654. doi:10.2105/AJPH.2012.300865
7. Nogueira L, White KE, Bell B, et al. The Role of Behavioral Medicine in Addressing Climate Change-Related Health Inequities. *Transl Behav Med*. 2022;12(4):526-534. doi:10.1093/tbm/ibac005
8. Mozaffarian D, Blanck HM, Garfield KM, Wassung A, Petersen R. A Food is Medicine approach to achieve nutrition security and improve health. *Nat Med*. 2022;28(11):2238-2240. doi:10.1038/s41591-022-02027-3
9. Berkowitz SA, Terranova J, Hill C, et al. Meal Delivery Programs Reduce The Use Of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries. *Health Aff (Millwood)*. 2018;37(4):535-542. doi:10.1377/hlthaff.2017.0999
10. Lee Y, Mozaffarian D, Sy S, et al. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS Med*. 2019;16(3):e1002761. doi:10.1371/journal.pmed.1002761
11. Trapl ES. Dietary Impact of Produce Prescriptions for Patients With Hypertension. *Prev Chronic Dis*. 2018;15. doi:10.5888/pcd15.180301
12. Berkowitz SA, Delahanty LM, Terranova J, et al. Medically Tailored Meal Delivery for Diabetes Patients with Food Insecurity: a Randomized Cross-over Trial. *J Gen Intern Med*. 2019;34(3):396-404. doi:10.1007/s11606-018-4716-z
13. Bryce R, Guajardo C, Illaraza D, et al. Participation in a farmers' market fruit and vegetable prescription program at a federally qualified health center improves hemoglobin A1C in low income uncontrolled diabetics. *Prev Med Rep*. 2017;7:176-179. doi:10.1016/j.pmedr.2017.06.006
14. Willett W, Rockström J, Loken B, et al. Food in the Anthropocene: the EAT-Lancet Commission on healthy diets from sustainable food systems [published correction appears in *Lancet*. 2019 Feb 9;393(10171):530] [published correction appears in *Lancet*. 2019 Jun 29;393(10191):2590] [published correction appears in *Lancet*. 2020 Feb 1;395(10221):338] [published correction appears in *Lancet*. 2020 Oct 3;396(10256):e56]. *Lancet*. 2019;393(10170):447-492. doi:10.1016/S0140-6736(18)31788-4
15. United States Department of Agriculture. Food and Nutrition Services. Special Supplemental Nutrition Program for Women, Infants, and Children. <https://www.fns.usda.gov/wic>
16. United States Department of Agriculture. Food and Nutrition Services. About WIC: How WIC Helps. <https://www.fns.usda.gov/wic/about-wic-how-wic-helps>
17. Conaway M. AGRICULTURE IMPROVEMENT ACT OF 2018.
18. United States Department of Agriculture. National Institutes of Food and Agriculture. USDA NIFA Invests \$40M to Improve Dietary Health and Reduce Food Insecurity. <https://www.nifa.usda.gov/about-nifa/press-releases/usda-nifa-invests-40m-improve-dietary-health-reduce-food-insecurity>
19. Gus Schumacher Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (GusNIP NTAE): Impact Findings. Year 2. <https://www.nutritionincentivehub.org/media/fjohmr2n/gusnip-ntae-impact-findings-year-2.pdf>
20. White House National Strategy on Hunger, Nutrition, and Health. Accessed February 21, 2023. <https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf>

21. United States Department of Agriculture. Food and Nutrition Service. Leveraging the White House Conference to Promote and Elevate Nutrition Security: The Role of the USDA Food and Nutrition Service. <https://www.usda.gov/sites/default/files/documents/wh-2022-nutrition-conference-fns-role.pdf>
22. More, Better, and New Market Opportunities. USDA. <https://www.usda.gov/markets>
23. Request for Information (RFI): Food as Medicine Opportunities. National Institutes of Health. <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-23-107.html>

## ENDORSEMENTS:

