

FOOD AS MEDICINE

Rep. Dr. Jaime Foster

HB 5337 – Next Steps

Food is Medicine Work Group

MEETING AGENDA

Thursday, August 25th, 2022

9 AM in Zoom and [YouTube Live](#)

- I. Convene Meeting
- II. Introductions
- III. Overview of Key Topics and Goals of Group
- IV. State of Food as Medicine Programming in Connecticut
- V. Upcoming Monthly Meetings with Subject Area Experts
- VI. Adjournment

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What is Food as Medicine?

- A spectrum of services, programs or interventions that address the link between food insecurity, nutritional status and chronic diseases. These programs, policies and interventions tailor food and services to promote nutrition related health.
 - Screen, refer, CHO and funding
 - Medically tailored meals
 - Fruit and vegetable prescription programs
 - FMNP or other fruit and vegetable incentives
- Food insecurity- the lack of consistent access to enough food for an active, healthy life (USDA)
- Diet related diseases, nutrition related diseases- diabetes, cardiovascular disease and certain cancers that are related to diet and nutritional status

Peer reviewed data tells us...

- Fruit and vegetable incentive programs improve purchase and consumption patterns
 - Some see a reduction in less healthy foods
- Sometimes participants have improved health metrics (HbA_{1C}, BMI)
- A variety of program structures can show benefit
 - Token, voucher, coupon, POS
- There is an economic benefit to taxpayers and consumers to incentivize fruits and vegetables – measured in farmers markets and at time grocers

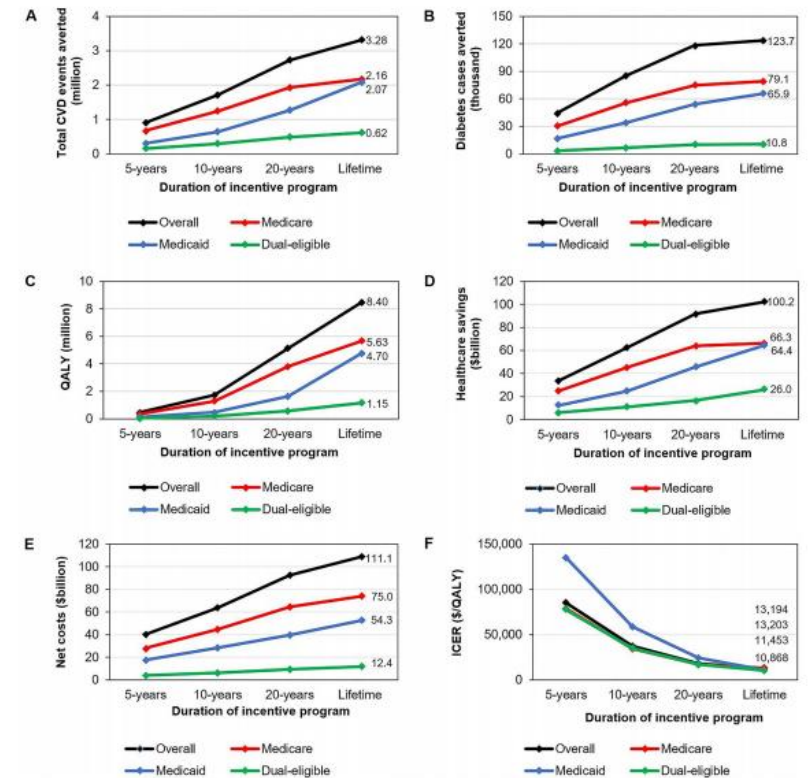


Fig 2. Estimated reductions in total (A) CVD events averted, (B) diabetes cases averted, (C) QALYs, (D) healthcare savings, (E) net costs, and (F) ICER of the 30% healthy food incentive program through Medicare and Medicaid by insurance type over 5, 10, and 20 years and lifetime. Values are shown from a healthcare perspective. Numbers indicate the values for lifetime analysis. ICERs were calculated as the change in net costs (policy costs minus healthcare savings) divided by the net change in QALYs. CVD, cardiovascular disease; ICER, incremental cost-effectiveness ratio; QALY, quality-adjusted life year.

<https://doi.org/10.1371/journal.pmed.1002761.g002>

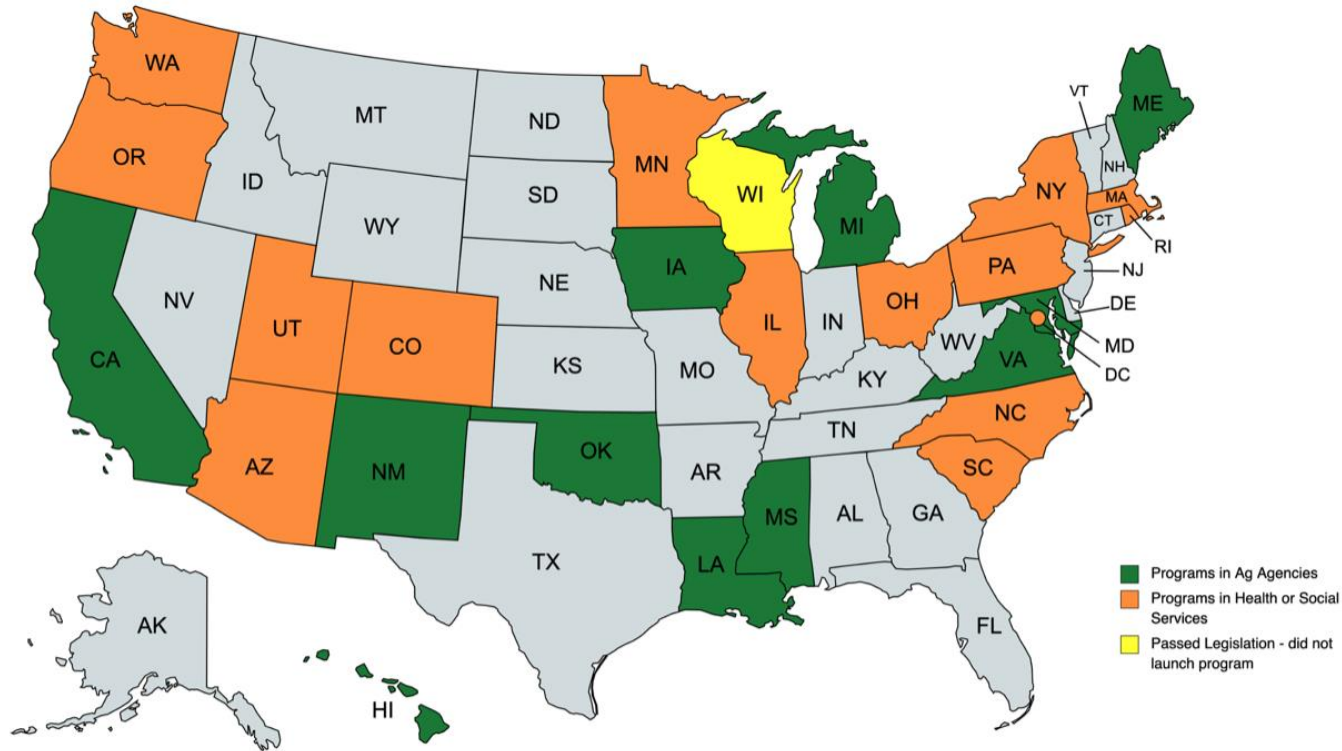
Lee, Y., Mozaffarian, D., Sy, S., Huang, Y., Liu, J., Wilde, P. E., ... & Micha, R. (2019). Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: A microsimulation study. *PLoS medicine*, 16(3), e1002761.

Engel, K., & Ruder, E. H. (2020). Fruit and Vegetable Incentive Programs for Supplemental Nutrition Assistance Program (SNAP) Participants: A Scoping Review of Program Structure. *Nutrients*, 12(6), 1676.

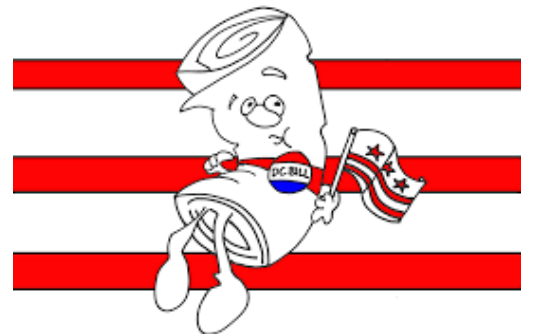
The momentum is there

- There is mounting scientific evidence is there to demonstrate efficacy
- COVID pandemic demonstrated clear disparate impact related to obesity and nutrition related chronic disease
- Food insecurity has never had as much attention (even since the US started monitoring in the 1990s)
 - Blows to national food security include COVID, inflation, supply chain challenges etc.

There ought to be a law... and we are late!



Created with mapchart.net



Ending Hunger, Improving Nutrition and Physical Activity, and Reducing Diet-Related Diseases and Disparities



Millions of Americans struggle with hunger. Millions more struggle with diet-related diseases—like heart disease and diabetes—which are some of the leading causes of death and disability in the U.S.

The toll of hunger and these diseases is not distributed equally, disproportionately impacting underserved communities, including Black, Hispanic, and Native Americans, low-income families, and rural Americans. Lack of access to healthy and affordable foods is

one of many factors impacting hunger and diet-related diseases. The COVID-19 pandemic has exacerbated these challenges further.

We cannot wait to act. And we aren't.

This September, the Biden-Harris Administration will host the White House Conference on Hunger, Nutrition, and Health to drive solutions to these challenges.

Our goal:

End hunger and increase healthy eating and physical activity by 2030, so that fewer Americans experience diet-related diseases like diabetes, obesity, and hypertension.

Share your expertise?

- **Agencies**, what is happening now? Successful pilots? Support needed to improve, barriers?
- **Academic** partners, best practices to consider, state of the science we need to include?
- **Non-profit partners**, how can we capitalize on what you're doing now?
- **Healthcare organizations and providers**, how does this relate to existing efforts, what next?
- **All**: who do we need at this table who isn't here now?

Ideas of what Connecticut can do?

- Medicaid coverage for fruit and vegetable prescription programs

- Increase DoAg funding for FMNP+ and additional state program for disease states, with FQHCs & healthy food purchases of food banks/food pantries

- Support referrals to CBOs that address food insecurity or nutrition related chronic disease – UNITE US, what else is needed?

- Create a legislative proposal that adds produce prescriptions to the list of essential health benefits for all insurance plans offered in the state
- RD/RDN coverage for Medical Nutrition Therapy

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