

The Case for Medically-Supportive Food and Nutrition

The Covid-19 pandemic exposed disparities, especially among Black and Brown communities within California, and highlights the need to use food to treat and prevent chronic disease and decrease the negative effects of health inequities.



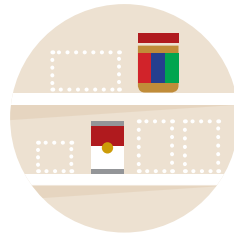
Black + Latinx people have greater than **2.5 TIMES THE RISK OF INFECTION**



Black + Latinx people have a greater than **4.5 TIMES THE RISK OF HOSPITALIZATION**



Black + Latinx people with chronic illnesses **ARE MORE LIKELY TO GET COVID-19**



FOOD INSECURITY HAS DOUBLED and affects more than 30% of Black + Latinx people



If one considers **fresh healthy food** to be the equivalent of a drug covered by insurance and provided by the health care system, then this is essentially a **disease management program** — just more successful than most.”

Andrea T. Feinberg, MD referring to the Geisinger Health System “pharmacy” program

Healthy food and adequate nutrition are fundamental to preventing, managing and reversing chronic disease. CalAIM can generate more cost savings and improve health further by incorporating a broad spectrum of medically-supportive foods.

Healthy food boxes, groceries or meals

Healthy food vouchers and food prescriptions

Nutrition support when paired with medically-supportive food

Evidence suggests that a broad range of healthy food support beyond medically-tailored meals can improve health:

HbA1c (average blood sugar)

dropped 0.5-3.1% pts^{1,2,3,4}

BMI

reduced by 0.4 to 0.7 kg/m²^{5,6}

Blood Pressure

fell by 16 mmHg⁶

Preterm Birth

odds reduced by 37%⁷



HEALTH CARE SAVINGS



44-77% fewer ER visits and admissions^{6,8}



38% reduction in hospital transportation⁸



\$40-100+ billions in potential net savings⁹

Benefits

- 1 Culturally Relevant
- 2 Sustainable
- 3 Healthy Investment
- 4 Cost Effective

References:

- 1. Seligman HK, Lyles C, Marshall MB, et al. A Pilot Food Bank Intervention Featuring Diabetes-Appropriate Food Improved Glycemic Control Among Clients In Three States. Health Aff Proj Hope. 2015;34(11):1956-1963.
- 2. Feinberg AT, Hess A, Passaretti M, Coolbaugh S, Lee TH. Prescribing Food as a Specialty Drug. NEJM Catalyst. 2018 Apr 10.
- 3. Benioff Children's Hospital Oakland. Impact of Dietary Intake and Cardiometabolic Health. Executive Summary: Food as Medicine 2017 Pilot. 18 Nov 2019.
- 4. Ferrer RL, Neira LM, De Leon Garcia GL, Cuellar K, Rodriguez J. Primary Care and Food Bank Collaboration to Address Food Insecurity: A Pilot Randomized Trial. Nutr Metab Insights. 2019 Jul 29.
- 5. Cavanagh M, Jurkowski J, Bozlak C, Hastings J, Klein A. Veggie Rx: an outcome evaluation of a healthy food incentive programme. Public Health Nutrition. 2016; 20(14), 2636-2641.
- 6. Emmert-Aronson, B et al. Group Medical Visits 2.0: The Open Source Wellness Behavioral Pharmacy Model. Journal of alternative and complementary medicine. 2019;25(10):1026-34.
- 7. Ridberg RA, Marpadga S, Akers MM, et al. Fruit and Vegetable Vouchers in Pregnancy: Preliminary Impact on Diet & Food Security. J Hunger Environ Nutr. 20 Jun 2020.
- 8. 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 Affairs. 2018 Apr;37(4):535-542.
- 9. Lee Y, Mozaffarian D, Sy S, et al. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: Amicrosimulation study. PLoS Med. 2019 Mar 19;16(3):e1002761.



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