

Prioritize “Food is Medicine” initiatives in the 2024 Farm Bill for human and planetary health

Elizabeth L. Adams^{1,*}, Roger Figueroa², Kristi E. White³, Brooke M. Bell⁴, Katie Alegria⁵ and Amy L. Yaroch⁶

¹Department of Exercise Science, University of South Carolina, Columbia, SC, USA

²Division of Nutritional Sciences, Cornell University, Ithaca, NY, USA

³Department of Medicine, University of Minnesota, Minneapolis, MN, USA

⁴Division of Agriculture, Food, and Environment, Tufts University, Boston, MA, USA

⁵Department of Psychiatry and Behavioral Sciences Health Psychology, University of California, San Francisco, San Francisco, CA, USA

⁶Gretchen Swanson Center for Nutrition

*Correspondence address: Department of Exercise Science, University of South Carolina, 921 Assembly St. Room 133, Columbia, SC 29208, USA.
Tel: 803-777-0269; E-mail: elizabeth-adams@sc.edu

Abstract

The Society of Behavioral Medicine (SBM) supports increased funding for policies in the 2024 Farm Bill that align with a Food is Medicine (FIM) framework and address multiple dimensions of human and planetary health.

Lay summary

The Society of Behavioral Medicine (SBM) supports funding for policies in 2024 Farm Bill that align with a Food is Medicine (FIM) framework and address multiple dimensions of human and planetary health. Recommendations include increasing funding for produce prescription programs, establishing systems to align federal- and state-funded initiatives, and the allocation of funding for financial incentives when sustainable agricultural practices are utilized in government-funded local and regional farm-to-institution programs.

Keywords: nutrition; produce prescriptions; medically tailored meal; food as medicine

Implications

Practice: Systems are needed to coordinate state and federally funded Food is Medicine (FIM) initiatives to ensure synergy, strategic planning, and shared decision making on common FIM goals.

Policy: Policymakers should support increased funding for policies in the 2024 Farm Bill that align with a FIM framework and address multiple dimensions of human and planetary health.

Research: Future research is needed to rigorously the efficacy and implementation of larger-scale FIM programs.

The Problem

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

The Food is Medicine (FIM) framework was 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 [8]. A range of interventions fall under the FIM framework. This paper highlights two: (i) produce prescription programs, which provide patients with fresh fruits and vegetables through prescriptions from healthcare providers and (ii) medically tailored meals and groceries, which treat chronic conditions by prescribing nutritionally-tailored foods [9]. FIM interventions have been shown to improve health outcomes, boost local economies, and reduce healthcare expenditures [9–13]. Further, diets

rich in plant-based foods (i.e. fruits, vegetables), which are supported by FIM interventions, are more environmentally sustainable [14]. 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) [15], 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 [16]. 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 thus 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) [17]. Ten percent of these funds (\$25 million) were allocated to small demonstration projects for produce prescription programs (funding \approx 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 [18]. The success of these pilot programs warrants greater federal investments for an increased number and dollar amount for produce prescription projects through GusNIP [19]. Greater financial investments in produce prescription programs directly aligns with the 2022 White House National Strategy on Hunger, Nutrition and Health [20] and the United States Department of Agriculture priorities for enhancing nutrition security [21] and strengthening regional food systems [22].

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 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 [23]. 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 2023, the current Farm Bill expired, 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.

Conflict of interest statement. All authors declare that they have no conflicts of interest

Human Rights

This article does not contain any studies with human participants performed by any of the authors

Informed Consent

This study does not involve human participants and informed consent was therefore not required

Welfare of Animals

This article does not contain any studies with animals performed by any of the authors. This paper was published as an SBM Position Statement: <https://www.sbm.org/UserFiles/FoodisMedicine.pdf>.

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