

# Researchers argue health care systems should use 'food as medicine' interventions

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An analysis recently published in the *British Medical Journal* argues for increased implementation of "food is medicine" interventions in the health care system. The article was co-authored by Seth A. Berkowitz,

MD, MPH, assistant professor of medicine at the UNC School of Medicine, who mostly recently argued in the *New England Journal of Medicine* that food insecurity is known to be a health equity issue that disproportionately affects racial/ethnic minorities and those with lower incomes and rural communities. Thus, food insecurity is now playing a big role in the COVID-19 pandemic and associated health outcomes.

Berkowitz has conducted a number of studies on [health](#)-related social needs and their effect on [health outcomes](#), published in *JAMA Internal Medicine*.

Sarah Downer, JD, from the Center for Health Law and Policy Innovation at Harvard Law School is the first author of the BMJ study, along with Timothy Harlan, MD, at the George Washington University School of Medicine and Health Sciences, Dana Lee Olstad, Ph.D., at the Cumming School of Medicine at University of Calgary, and Dariush Mozaffarian, MD, MPH, DrPH, from the Friedman School of Nutrition Science and Policy at Tufts University.

The world is facing an epidemic of diet-related chronic diseases with one in five deaths attributed to a suboptimal diet, more than any other risk factor including tobacco, according to the authors. An emerging body of research suggests that [nutrition interventions](#) delivered in the health care system may be associated with improved outcomes.

"Food is medicine" is an initiative around integrating specific [food](#) and nutrition interventions in, or closely coordinated with, the [health care system](#). These interventions include medically tailored meals, medically tailored groceries, and produce prescriptions. According to the authors, clinicians should be knowledgeable enough to recognize a patient's nutritional needs and understand the impact of available services. However, this is not the case in many countries, including the United States.

"Nutrition training delivered across disciplines holds the promise of more effective patient nutrition education and treatment," the authors write. "Clinicians should have familiarity with validated nutrition assessment tools, the range of availability food is medicine interventions, and the systems and incentive structures that enable and encourage their use in clinical practice."

The benefits of the approach include offering patients greater ability to follow dietary recommendations and alleviating budget constraints that might prevent them from affording medications or paying bills. They also suggest that with these interventions, clinicians might see better disease management and fewer hospital admissions.

"As health care systems continue to evolve to tackle the global crisis of nutrition related diseases, food is medicine interventions should be held to rigorous standards when decisions about implementation, coverage, and care are made," the authors write. "Food as [medicine](#) can no longer be excluded as outside or ancillary to health care delivery."

**More information:** Sarah Downer et al. Food is medicine: actions to integrate food and nutrition into healthcare, *BMJ* (2020). [DOI: 10.1136/bmj.m2482](#)

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