

# Researcher helps advance 'Food is Medicine' concept to reach nutrition security goals

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Food is Medicine programs promote overall wellness among those who experience food insecurity by aiming to prevent or treat diet-related diseases. Credit: Max Esterhuizen for Virginia Tech.

Food is many things. It nourishes our bodies, delights our senses, and

gives us something to gather around. Food is also a powerful cultural symbol, reflecting traditions, values, and histories of communities around the world.

But for a researcher in the College of Agriculture and Life Sciences, food is also medicine.

Bailey Houghtaling, Ph.D., a registered dietician, is working to promote overall wellness among low-income individuals experiencing [food insecurity](#), aiming to prevent or treat diet-related diseases.

"Access to enough nutritious food is essential for individual well-being," said Houghtaling, also a registered dietician and an affiliate faculty member in the Department of Human Nutrition, Foods, and Exercise. "Food is Medicine can encompass a variety of interventions."

The White House Conference on Hunger, Nutrition, and Health, held in September 2022, renewed national attention and issued a call to action to end hunger and reduce the prevalence of chronic diseases in the United States by 2030. Food is Medicine programs could help reach this goal.

"These programs are promising, and there is a lot of emphasis at the moment on understanding effectiveness for promoting food and nutrition security, although it is important to recognize that Food is Medicine programs are implemented in diverse communities and [health care organizations](#) with varying levels of support or capacity," said Houghtaling, who is also a research scientist with Center for Nutrition and Health Impact, a national nonprofit research and evaluation center. "It is critical to understand factors [within] these contexts that influence program adoption, implementation, sustainment, and scalability for public health impact."

Houghtaling authored two papers that focus on barriers and opportunities

to the integration of food as medicine. Her first paper covers organizational factors in health care settings that affect the success of Food is Medicine programs.

The second paper outlines how to leverage nationally representative data among U.S. households to identify individual, household, and community factors that likely influence participant engagement and utilization of these programs. This is particularly important for programs that limit redeemable products to only fresh fruits and vegetables. Not all Food is Medicine programs do this, but some do.

The first paper was recently [published](#) in the *Journal of General Internal Medicine*. The second was recently [published](#) in *BMJ Open*.

## **Food is Medicine in health care**

Food is Medicine programs are relatively new, and there isn't standard guidance for implementation in health care settings. Houghtaling and her collaborators conducted a review to explore the barriers to integrating the programs into U.S. health care settings.

"In our research, we focused on situations where health care partners, such as physicians or other allied health care professionals, were carrying out programs to screen patients with, or at risk for, diet-related chronic diseases for food insecurity," Houghtaling said. "For those screening positive, we focused on programs where health care partners then provided a low or no cost healthy food incentive [such as a produce prescription], such as for fruits and vegetables."

It was found that electronic medical record functionality to identify and track patients and increase the sharing of data between partner organizations was important to support implementation and evaluation. Strategies to help health care staff implement these programs were also

important, such as providing reminders and problem-solving and technical assistance support.

The study found that it was also important to involve physicians, allied health, and students for implementation success and to identify and address capacity barriers early and often. Support from leadership and alignment of the Food is Medicine program with the health care organization's mission or values were also key for success.

"Many [health care professionals](#) implementing these programs considered them beneficial and noted improvements in job satisfaction," Houghtaling said.

Based on the findings of this study, the research team developed an implementation checklist that can be a reference for health care, partner organizations, and technical assistance personnel to support Food is Medicine programs in these settings.

Houghtaling and co-authors noted several opportunities to improve the implementation of Food is Medicine in health care contexts moving forward.

## **Food is Medicine in the community**

In the second study, the research team, also led by Houghtaling, outlined a plan to examine how "prescriptions" for produce through a Food as Medicine incentive [program](#) could impact participation through the team's protocol paper.

Through the Gus Schumacher Nutrition Incentive Program, participants receive produce prescriptions they can redeem for only fresh fruits and vegetables versus frozen, canned, or dried options.

According to the researchers, this policy limitation could hurt participation and benefits for households living in communities with limited accessibility to fresh produce.

"Households experience heightened barriers to fresh fruit and vegetable access in the United States, depending on several factors," Houghtaling said. "It is important to understand the implications of this policy limitation to inform future Food is Medicine policy that maximizes impact and equity."

In the paper, the researchers plan to use the U.S. Department of Agriculture Economic Research Service National Household Food Acquisition and Purchase Survey, a large nationally representative data set, to examine this policy limitation in support of sensitive policy decisions.

Achieving nutrition security, which means enabling all Americans to access a sufficient quantity and variety of foods and beverages recommended by the Dietary Guidelines for Americans, including fruits and vegetables, is a national priority, and Virginia Tech researchers are helping reach that goal.

**More information:** Bailey Houghtaling et al, Implementation of Food is Medicine Programs in Healthcare Settings: A Narrative Review, *Journal of General Internal Medicine* (2024). [DOI: 10.1007/s11606-024-08768-w](https://doi.org/10.1007/s11606-024-08768-w)

Bailey Houghtaling et al, How does eligibility for GusNIP produce prescriptions relate to fruit and vegetable purchases and what factors shape the relationship? A protocol for a secondary analysis of nationally representative data in the USA, *BMJ Open* (2024). [DOI: 10.1136/bmjopen-2024-029444](https://doi.org/10.1136/bmjopen-2024-029444)

[10.1136/bmjopen-2024-085322](https://doi.org/10.1136/bmjopen-2024-085322)

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