

OPINION

Food-is-medicine programs can improve health, reduce food insecurity

BY SARIA LOFTON
AND BARBARA PETERSON

From grocery store closures on the West and South sides, to pollution coupled with land and water shortages for Chicago's urban farmers, to the growing racial wealth gap, often the burden of food insecurity falls on families of color.

The situation starkly contradicts the fundamental right to food, which includes access to nutritious and abundant food — a cornerstone for a fulfilling and healthy life. Thankfully, with a new administration in City Hall and a new policy proposal in Illinois that could expand food programs via Medicaid, there has never been a better time to improve access to food in our city.

At the core of this work should be the growing movement known as food is medicine.

Food is medicine programs feature the provision of nutrient-dense foods, in the form of groceries, produce boxes or meals, often within the context of a health care system. These programs can radically transform the way we care for people who are food insecure and who are at risk for, or have, chronic illnesses.

Food is medicine also aims to weave together healing, justice and health care. It does so by recognizing that food insecurity is driven by racial and health inequity and that programs must be sustainable, community driven and culturally responsive to make lasting health changes. Due to social and structural factors driven by segregation and disinvestment, Black, Indigenous, Latino and other people of color are most affected by diet-related chronic disease.

Programs like medically tailored meals — fully prepared meals designed by health profes-



Customers check out fresh vegetables at one of the stops of the Mobile Farmers Market by Urban Growers Collective.

ANTHONY VAZQUEZ/SUN-TIMES

sionals — have been shown to reduce emergency room and inpatient visits, bring down health care costs and improve blood sugar levels. Another program that provides fresh produce with USDA funding, the Produce Prescription Project, found that participants reported higher fruit and vegetable intake and improved food security.

Food is medicine programs can also build healthy and resilient food environments. Programs using food from local growers and producers, especially socially disadvantaged farmers, create wealth-building opportunities.

In one national food is medicine pilot, an investment of \$9 million of incentives resulted in \$18 million in local economic impacts for

farmers. The food purchased from these local growers is also more nutrient-dense when it is delivered because it's fresher due to the shorter shipping distance.

In Chicago, the partnership between Windy City Harvest (WCH) and Lawndale Christian Health Center is an innovative example of food is medicine that benefits patients, farmers and local communities. WCH provides fresh produce boxes and cooking demonstrations to food-insecure individuals with diet-related diseases.

To expand their program, WCH initiated an incubator program for local farmers and partnered with 40 Acres Fresh Market. By 2022, the program had distributed over 17,000 produce bags to 2,000+

participants in Lawndale, Austin and Belmont Cragin.

Health care systems that use food is medicine programs also create new and effective models of care for their patients. Historically, health care systems have not prioritized providing fresh and nourishing food.

But now, many health care systems are turning towards local and culturally relevant foods for patients and their families, prioritizing investments in healing relationships between people and nutritious food.

There may be concern about the resources needed for these programs, but the costs cannot compare to the potential savings. One study found that a national

medically tailored meals program for people with diet-related illnesses could avert 1.6 million hospitalizations and create net cost savings of \$13.6 billion annually for insurers.

Illinois now has the opportunity to radically expand these programs. In 2022, the Centers for Medicare and Medicaid Services announced a new policy to allow states to pilot programs that deploy food and nutrition services through their state Medicaid agencies.

Illinois has taken advantage of this important policy change, issuing an updated proposal. The change would include new food and nutrition benefits like medically tailored and home-delivered meals and nutrition education. If approved by CMS, more Medicaid patients in Illinois will have the opportunity to access food is medicine programs in the next five years.

We all can advocate for this waiver by publicly supporting its passage, talking to our legislators about food is medicine and building awareness of these efforts.

Food is medicine can pave a path forward that brings us together, enhances economic opportunities and reduce health disparities — so we all have the opportunity to live long lives, regardless of our ZIP code.

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