

04.26.25 POLICY PROPOSAL 5

Title: Addition of Food Is Medicine Concept to REDUCING FOOD INSECURITY IN SOUTH CAROLINA Policy

Full Name*

Jaime Brown

Designation*

Physician

Are you submitting on behalf of a county medical society, specialty society, or other member?*

Yes

If YES, please indicate the name of the county medical society, specialty society, or other member(s) for which you represent.

(If NO, you may skip.)

YPS

Submission Title

*Please provide a Title for your submission that identifies the issue being addressed.**

Addition of Food Is Medicine concept to REDUCING FOOD INSECURITY IN SOUTH CAROLINA Policy

Submission / Idea*

2021 Resolution E-8 was adopted by the SCMA House of Delegates that the South Carolina Medical Association supports working with appropriate stakeholders to provide physicians resources and education for addressing food insecurity in South Carolina; and that the South Carolina Medical Association support sustainable funding for Extension Agents. Amend with addition of "and Food is Medicine" to read: The South Carolina Medical Association supports working with appropriate stakeholders to provide physicians resources and education for addressing Food is Medicine, including Food Insecurity, in South Carolina; and that the South Carolina Medical Association support sustainable funding for Extension Agents.

Evidence / Support for Proposal*

Food is Medicine (FiM) recognizes and responds to the critical connection between nutrition and health. It also refers to a spectrum of low cost and effective interventions to improve health outcomes that can be preventative or used as treatment of health conditions, decreasing the need for expensive healthcare services and enhancing

quality of life. Services can include medically tailored meals, medically tailored food packages, and nutritious food referral. The impact of dietary intake on chronic conditions and other poor health outcomes is well documented. Suboptimal diet is responsible for more deaths than any other risks globally, including tobacco smoking. Put in a financial light, 90% of the US's annual healthcare costs address chronic physical and mental conditions. It is estimated that diet-related chronic diseases account for 1.1 trillion dollars in healthcare spending per year. Obesity alone costs the US healthcare system almost 173 billion dollars annually. If FiM programs were integrated fully into our healthcare system, it has been estimated that \$13.6 billion in healthcare costs could be saved annually. The American Medical Association and the American Heart Association support these initiatives. For example the AMA provides a course series by the American College of Lifestyle Medicine to educate physicians to implement FiM and the American Heart Association's Health Care by Food program provides research grants to further evidence for FiM prescriptions and insurance reimbursement. There is also a bipartisan initiative, Ending Hunger and Reducing Diet-Related Diseases and Disparities, aiming to end hunger and increase healthy eating and physical activity to reduce diet-related diseases by 2030, announced at the 2022 White House Conference on Hunger, Nutrition, and Health. This is where the Food is Medicine definition was first created. Their vision encompasses collaboration of public and private entities, with the healthcare system at the center, to "prevent, manage, and treat diet-related disease states and promote health and well-being through food and nutrition". Food security is just one aspect, though still an important topic for our SCMA to focus support. There was a recommendation at the conference to expand coverage of FiM interventions to Medicaid recipients using Medicaid Section 1115 demonstration waivers. CMS has approved 10 state waivers that expand access to Food as Medicine programs for eligible groups. In summary, Food is Medicine is the updated overarching concept that Food Insecurity contributes to. It is clear that nutrition is key to a rational approach to healthcare and FiM programs seek to organize interventions to address this. Ongoing research and implementation efforts would augment our ability to support our patients in leading healthful lives and decreasing disease burden. As these interventions are developed, physician care in South Carolina would benefit from the provision of resources and education to implement them.

Resources

<https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>

<https://odphp.health.gov/foodismedicine>

Afshin, Ashkan et al. Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. The Lancet, Volume 393, Issue 10184, 1958 - 1972 Bleich SN, Dupuis R, Seligman HK. Food Is Medicine

Movement—Key Actions Inside and Outside the Government. JAMA Health Forum. 2023;4(8):e233149. doi:10.1001/jamahealthforum.2023.3149

Requested Action: What action is required to achieve this idea?

*(i.e. Enact legislation, have a state agency review an issue, enact an SCMA policy statement on a topic, or other action?)**

Adjust SCMA policy to reflect this update in order to clarify the interest in resources and education to address Food is Medicine and not just Food Insecurity.

Why is the Requested Action important?*

Physicians in South Carolina need support to address the burden of disease stemming from nutritional inadequacies.

If there are additional details not addressed above that you would like to share, please provide them here.

(If you feel that the above information is sufficient, you may skip.)