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Pre Test Question

What is your comfort level with supporting your patient's nutrition-related needs in your practice?

- A. Very comfortable
- B. Somewhat comfortable
- C. Neutral
- D. Not very comfortable
- E. Very uncomfortable

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Pre Test Question

Which factor most often limits your patients' ability to follow heart-healthy nutrition recommendations?(Select one)

- A. Cost of healthy food
- B. Limited access to groceries
- C. Cultural or family food traditions
- D. Limited nutrition health literacy
- E. Time constraints/work schedules
- F. Competing needs (housing, transportation, medications)

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**Food as Medicine for Every Heart:
Culture, Cost & Cardiovascular Health**

Colleen Spees, PhD, MEd, RD, FAND, FAHA
PCNA 32nd Annual Cardiovascular Nursing Symposium

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THE OHIO STATE
UNIVERSITY
COLLEGE OF MEDICINE

No relevant disclosures

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The Burden of Chronic Disease

CHRONIC DISEASES IN AMERICA

6 in 10
Adults in the US
have a chronic disease

4 in 10
Adults in the US
have two or more

**THE LEADING CAUSES OF DEATH AND DISABILITY
and Leading Drivers of the Nation's \$3.5 Trillion in Annual Health Care Costs**

HEART DISEASE, CANCER, CHRONIC LUNG DISEASE, STROKE, ALZHEIMER'S DISEASE, DIABETES, CHRONIC KIDNEY DISEASE

Cost of chronic disease to reach **\$42 trillion** by 2030

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The Burden of Chronic Disease

CHRONIC DISEASES IN AMERICA

Diet-related disease is a leading driver of sky-rocketing healthcare costs.

The health costs of cardiovascular disease are estimated to be **\$316 billion/year**, including **\$190 billion/year** in direct healthcare costs.

The yearly cost of diabetes in the US is **\$327 billion**.

Cost of chronic disease to reach **\$42 trillion** by 2030

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"Food is Medicine"

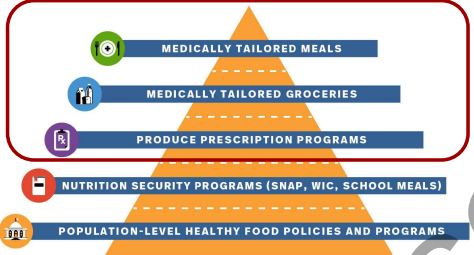
Food-based nutritional interventions integrated within health systems to treat or prevent disease and advance health equity



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Food is Medicine Spectrum



Mozaffarian et al. *Nature Medicine* 2022


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Medically Tailored Meals (MTM)

Fully prepared, nutritionally tailored meals to individuals living with complex and/or advanced diet-sensitive medical conditions (e.g., cancer, heart failure, end-stage renal disease, poorly controlled diabetes, HIV/AIDS); limit activities of daily living; high burden of disability & health care utilization

- Some MTM examples (home delivery or pick-up)
 - Renal (low potassium, low phosphorus, low sodium)
 - Diabetic or heart-healthy (carbohydrate and sodium controlled)
 - Texture-modified diet (soft, pureed for easy chew and swallow)
 - High protein/high calorie (moderate to severe unintentional weight loss)
- Nutrition assessment; opportunities for nutrition counseling
- 10-21 meals per week; short or long duration (often 3-6 months)
- Eligibility (health vs. social needs); focus (treatment vs. prevention)



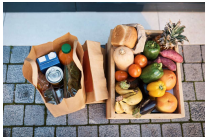
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Medically Tailored Groceries (MTG)

Pre-selected unprepared or lightly processed foods that provide a significant proportion of the ingredients for preparing nutritionally complete meals for patients with 1 or more complex diet-sensitive conditions or risk factors who are able to prepare their own meals.

- Some MTG examples:
 - Food boxes or meal kits that contain ingredients for preparing meals such as produce, whole grains, legumes, lean proteins, and spices
 - Recipes usually available; portioned by meal
 - Foods are pre-selected and approved by RDs as appropriate for meeting the dietary needs of patients with the health condition or risk factor
- Home delivery or pick-up at a food bank or health care facility ("food pharmacy")
- Nutrition information brochures, cooking classes, nutrition counseling




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Produce Prescriptions (PRx)

Prescriptions that are redeemed for produce at food retailers or farmers markets, allowing patients who are at risk or having diet-sensitive conditions to access healthy produce with no added sugar, salt, or fat, at low or no cost to the patients.

- PRx are usually for less ill individuals who can shop for food and prepare meals.
- Paper prescription (voucher), electronic benefit (card), or direct provision
- Produce generally fresh; can also be canned/frozen if no added sugar, salt or fat; some expanded it to include legumes and grains
- Redeemed at supermarkets, grocery stores, farmers markets; but can also be delivered to home or via pick-up
- Nutrition information brochures, cooking classes, nutrition counseling



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Food is Medicine Impact

Healthcare — the number one cause of poor health should be the number one priority of the healthcare system


\$24B would be saved each year if all eligible Americans received medically tailored meal interventions

Providing a 20 percent incentive for fruit and vegetable purchases to Medicaid and Medicare beneficiaries is estimated to prevent 1.95 million cardiovascular disease events and to save \$40.9 billion in healthcare costs.

Providing free fresh food as a treatment for diabetes yields a more than 40% decrease in the risk of death or serious complications.

A broader 20 percent incentive including whole grains, nuts, fish, and plant-based oils would prevent 3.31 million cardiovascular disease events save \$102.4 billion in healthcare costs.

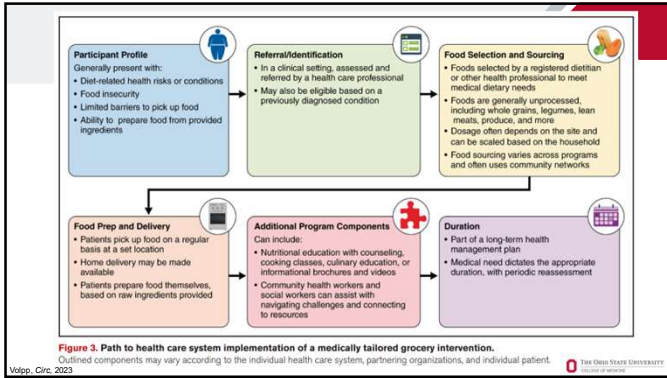
16% A program that provided 10 medically tailored meals for an average of 9 months per year to adults with serious medical conditions resulted in a 16% reduction in total health care costs, even with the cost of the program



Tufts Food is Medicine Institute 2025

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Nutrition Security Screeners

CNHI 1- & 4-Q



Tufts 2-Q



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The Medically Tailored Meal Sustainability Blueprint

SPRING 2026





Download here!

FOOD IS MEDICINE | CHPLI CENTER for HEALTH LAW and POLICY INNOVATION | HARVARD LAW SCHOOL

The Great Northeastern University

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MAHA Strategies

Strategic Priorities

- Diet quality and chronic disease prevention
- “Food for Health” integration
- Food ingredient safety and transparency
- Child and maternal nutrition systems
- Alignment of agriculture, health, and nutrition policy
- Healthier hospital and school foods
- Review GRAS rule
- Reduce food marketing to children

Reported Accomplishments

- Phase-out of petroleum-based food dyes
- GRAS reform initiated
- SNAP waivers prioritize healthier foods (18 states)
- Operation Stork Speed launched for infant formula access
- \$970M invested in U.S.-grown fruits, vegetables, and legumes
- Integration of nutrition into medical training

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GLP-1RAs

| #

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Welcome to the Future

Rate of GLP-1 RA prescribing over time, by medication and labeled use

Estimated year	Drug	Company
2026	Orforglipron	Eli Lilly
2026	CagriSema	Novo Nordisk
2027	Survodutide	Boehringer Ingelheim
2027	Retatrutide	Eli Lilly
2028 and beyond	MarTide	Amgen
2028 and beyond	Bimagnumab	Eli Lilly
2028 and beyond	Monklunabant	Novo Nordisk

TroveRx.com
Design Feature 2025
The Ohio State University

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Food is Medicine for Every Heart: Culture and Cost of Cardiovascular Care

Adeline Assani-Uva
MS RD LDN CDCES

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Culture  **Heritage**

- **Cultural Empowerment:** Using local knowledge of food to increase autonomy over health, reducing reliance on industrialized food systems.

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Not Just Nutrition

- Food is a tapestry of:
 - Identity
 - History
 - Storytelling
 - Ancestral eating pattern
- Prevents and can also manage disease.
- Provides a platform for health literacy, lifestyle modification via **lived experience** to optimize outcomes.

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Impact of Acculturation on Cultural Diet Patterns

- Shift towards processed foods.
- Reduced Nutrient Intake.
- Higher risk of chronic disease (obesity, Diabetes and heart disease).
- Can lead to “Healthy Immigrant Effect”- health declines the longer one stays.
- Gut microbiome changes.

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Cultural Humility Centered Education

Let the kitchen be your Pharmacy.

Promote:

- ↑ Fiber
- ↓ Fat
- ↑ Plant- focused meals
- ↓ Sugar
- ↓ Ultra-processed foods



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Food Access-A Basic Human Right

People are fed by the food industry, which pays no attention to health, and are treated by the health industry, which pays no attention to food."

-Wendell Berry

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Food Access

PERFORMANCE KITCHEN
FOOD IS MEDICINE™

WHAT'S THE DIFFERENCE?

FOOD INSECURITY	NUTRITION INSECURITY
<ul style="list-style-type: none"> Limited or uncertain access to enough food Associated with nutrient insecurity Associated with higher rates of diet-related illness Solutions often provide more calories but not necessarily nutrient-dense food 	<ul style="list-style-type: none"> Maybe adequate access to enough food but... Limited or uncertain access to quantity or variety of nutrient-dense food Associated with higher rates of diet-related illness Solutions provide access to affordable, nutrient-dense food that promotes health



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Policy & Action


- SNAP- Supplemental Nutrition Assistance Program
- WIC- Women, Infants, and Children
- NSLP- National School Lunch Program

The Rockefeller Foundation Invests \$4.6 Million To Scale Food Is Medicine Initiatives in U.S.


Push for policies to treat food as part of Healthcare.
EMR be able to assign codes for food prescriptions and not just medical diagnosis.

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AI & Impact on Food, Health and Culture



HERITAGE PRESERVATION



LIVED EXPERIENCE- PLATFORMS SHOULD BE BUILT WITH INCLUSION OF GROUPS OUTSIDE THE MAINSTREAM TO IMPACT ACTIONABLE HEALTH OUTCOMES.

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What do We Bring to the Table? Solutions via a Cultural Lens

- *Connection over Content
- *Connection over Correction
- *Health literacy and navigating food insecurity should be initiated in a non-judgmental, safe and dignified space.
- *Understand the ecosystem

Elevate nutritional medicine in the pursuit of a proactive, healthier population where chronic disease is a rarity.

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Panel Discussion



Food for Every Heart: Culture, Cost & Cardiovascular Care

- Bunmi Ogungbe PhD, MPH, RN, FAHA, FPCNA
- Colleen Spees PhD, Med, RD, LD, FAND, FAHA
- Adeline Assani-Uva, MS, RD, LDN, CDCES

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Post Test Question

Which Food is Medicine strategy are you most likely to implement or refer patients to in your practice? (Select one)

- A. Medically Tailored Meals
- B. Medically Tailored Groceries
- C. Produce Prescription Program
- D. Nutrition Security Programs (SNAP, WIC, School Meals)
- E. I was not aware of these options before today

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Pre Test Question

After this session, which barrier do you feel most equipped to address? (Select one)

- A. Cost of healthy food
- B. Limited access to groceries
- C. Cultural or family food traditions
- D. Limited nutrition health literacy
- E. Time constraints/work schedules
- F. Competing needs (housing, transportation, medications)

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Post Test Question

After this session, what is your comfort level with supporting your patient's nutrition-related needs in your practice?

- A. Very comfortable
- B. Somewhat comfortable
- C. Neutral
- D. Not very comfortable
- E. Very uncomfortable

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