June 29, 2023

On behalf of the National Alliance to Impact Social Determinants of Health (NASDOH), we thank you for the opportunity to provide comments on the Request for Information: Food is Medicine Research Opportunities. NASDOH is a group of stakeholders working to systematically and pragmatically build a common understanding of the importance of addressing social needs as part of an overall approach to health improvement. NASDOH brings together health care, public health and social services expertise, local community experience, community-convening competence, business and financial insight, technology innovation, data and analytics competencies, and policy and advocacy acumen to assess and address current regulatory frameworks, funding environments and opportunities, and practical challenges to implementing and sustaining efforts to address social determinants of health (SDOH).

NASDOH appreciates that the National Institutes for Health (NIH) is part of the whole-of-government commitment to ending hunger, improving nutrition and physical activity, and reducing diet-related diseases and disparities. We are encouraged to see that NIH among many other federal agencies are taking action on the Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health. Below, we offer our perspective on the research-related questions posed in this RFI based on our members' experiences and priorities.

NASDOH members' commitment to addressing hunger and Food is Medicine Research

NASDOH members are interested in all five areas of Food is Medicine research identified in the RFI: (1) medically tailored meals (MTMs), (2) medically tailored and healthy food packages or groceries (3) nutritious food referrals or vouchers, (4) prescriptions for nutritious groceries or produce, and (5) culinary medicine and teaching kitchen programs. Our members are currently pursuing and testing many of these approaches. For example, Kaiser Permanente has committed $50 million to support food is medicine initiatives. Additional commitments were made as part of the Hunger conference, including:

- The Sync for Social Needs coalition, which includes NASDOH member UniteUs, has evaluated and piloted the integration of specific social screening tools in electronic medical records systems
- Google has launched new product features to help Americans access public food benefits and health care services
- The American Heart Association, in partnership with the Rockefeller Foundation and Kroger, plan to mobilize 250 million to build a national Food is Medicine research initiative

Food is Medicine research in the context of other nutrition research

NASDOH members in the health, human services, technology and patient/consumer access spaces have also played a role for many years in connecting their patients/members to federal nutrition programs like the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Program for Women, Infants, and Children (WIC), and the Older Americans Act nutrition programs, among others. We encourage NIH to not only consider Food is Medicine based research as defined in the RFI, but also to fund and support research and studies which focus on the impact of other federal nutrition programs on health outcomes, and also the comparative effectiveness of Food is Medicine interventions versus these other nutrition supports. Additionally, we caution against efforts that overly medicalize interventions addressing social needs and SDOH. Integrating efforts to address food and nutrition into health care can be productive in addressing individuals' needs in various instances, but this integration will not replace vital social services that address individuals' entire social needs.

NASDOH's Research Principles

Earlier this year, NASDOH released a set of proposed principles for SDOH research meant to serve as a guide to create a strong evidence base that is rigorously evaluated so that SDOH innovations can be scaled more widely, and the most effective can be prioritized. The stakeholders NASDOH highlights in its call to action include the Federal government, philanthropic organizations, states, and other health care stakeholders, underscoring that each have an important role to play in funding, studying, and disseminating research that will drive implementation of policy change. We hope that NIH will adopt these principles as you prioritize research on Food is Medicine programs. We believe research studies on SDOH should be:

1. **Actionable:** Research needs to move beyond demonstrating or refining associations between adverse SDOH and poor outcomes and should focus on identifying effective policies, practices, and programs that can be implemented to address social needs of patients as well as broader community-level interventions that address determinants. Research should focus on practical questions decision-makers face (e.g., the comparative value of alternative infrastructure or programmatic investments, or how to braid and blend funding sources). To the extent possible, research should also provide the basis for action by specific stakeholders (e.g., the impact of policy interventions, and the costs and benefits by type of stakeholder).

2. **Measurable:** Research portfolios should carefully balance the need for long-term studies with time to capture critical outcomes of interventions, but also recognize the importance of translating research into action (e.g., through interim measures). Similarly, research on SDOH should use outcomes measures that are as broad as practicable, expanding beyond process and short-term cost savings metrics to include longer-term health and well-being outcomes.

3. **Community-oriented:** SDOH research should be led by, or closely involve, community-based partners who are often the ones planning and implementing SDOH-focused solutions. The data and findings should also be accessible to communities that were studied or that can benefit from findings. Specific to this RFI, NASDOH believes people with lived experience of food insecurity and people who utilize Food is Medicine programs should be engaged throughout the research process.

4. **Equitable:** Research should be designed to address the unique needs and priorities of populations that face the greatest challenges. Priority should be given to studies that can address the needs of such populations, and, at a minimum, provide for the collection and release of detailed race and ethnicity data. Research involving all populations should be conducted in accordance with the highest ethical standards and with respect for populations that historically have not benefited from research in which they participate or have experienced historical injustice in medical research.

5. **Sustainable:** SDOH research should focus on how to achieve sustainable programs and interventions through policy change, sustainable funding streams, dedicated revenue sources, or other interventions that aren't dependent on discretionary grant funding.

6. **Integrated:** Studies should recognize that adverse SDOH are often the result of highly related social and economic factors, rather than narrower problems or programs. Within the limits of effective research design, research should seek to address the cross-sectoral nature of both adverse SDOH and their solutions.

Questions raised in the RFI

NIH has identified many of the critical questions about Food is Medicine interventions that will need to be answered to replicate and scale successful programs. The first question in the RFI is *What are the high priority research gaps and opportunities for Food is Medicine?* Many of the subsequent questions in the RFI are the very questions that illustrate the high priority areas NIH and other federally funded research should seek to answer.

There is great promise in Food is Medicine interventions, but the limited research that exists on these programs raises leaves many important questions unanswered. For example, a 2021 systematic review and meta-analysis on food prescription programs on dietary behavior and cardiometabolic risk factors found food prescription programs led to an increase in fruit and vegetable consumption but no significant change in cardiometabolic parameters. However, the researchers noted that their findings should be interpreted with caution because of heterogeneity in the studies, methodological limitations, and moderate to low certainty of the evidence they reviewed. They concluded that their results "support the need for well-designed, large, randomized controlled trials in various settings to further establish the efficacy of healthy food prescription programs on diet quality and cardiometabolic health." These results mirror the conclusions of many other studies on Food is Medicine, raising the vital need for more research in these areas.

Specifically, we think prioritizing research on the following questions raised in the RFI will help to focus research funding where it is most useful and can make the biggest impact on the field:

1. *What are the optimal methods to evaluate the success of Food is Medicine programs including measures to determine return on investment (i.e., an ROI calculator)?*
2. *What are the costs/benefits and/or cost/effectiveness of a Food is Medicine approach relative to other health care strategies to improve long-term health, especially in populations who experience health disparities?*
3. *What barriers currently hinder the ability to evaluate the impact of Food is Medicine services on health outcomes, health care utilization, cost of care across the life course, nutrition-based disparities, and recipient experience?*
4. *How may Food is Medicine services be combined with other food assistance, nutrition and health education, and health care services (e.g., social services, meals on wheels, Community Health Workers, care transitions case management, etc.) to improve engagement and affect health outcomes?*
5. *How may Food is Medicine services leverage ongoing nutrition education and existing nutrition assistance and access programs (e.g., WIC, SNAP, NSLP, VA Teaching Kitchens, etc.)?*
6. *How can health care organizations work effectively with community-based organizations and programs to adequately resource community-responsive approaches for Food is Medicine implementation and research?*
7. *How can federal, healthcare, philanthropic, and other funders effectively collaborate to support implementation of these programs (we are interested in strategies for innovative financing arrangements such as value-based payment and braiding together of funding sources as well as better understanding of how services and service components are priced)?*
8. *What measures or outcomes do you use or should be considered to evaluate the success of Food is Medicine from the perspectives of funders, recipients, service providers, and the community?*

NASDOH is pleased that NIH and other government agencies are prioritizing Food is Medicine research and offer our assistance as you undertake this work.

For more information on NASDOH and our members, please visit our website at www.nasdoh.org or contact Sara Singleton at Sara.Singleton@leavittpartners.com

Sincerely,

Sara Singleton

Sara Singleton
Principal, Leavitt Partners and Advisor to NASDOH