

# Food as medicine, food as health

**D**uring the pandemic, gerontologist Erin Martin used the extra time stuck at home to start sketching out a plan for how to get better quality food to her elderly patients through existing healthcare delivery models. That idea turned into Fresh RX, a local food distribution program that allows doctors to prescribe healthy food to Medicaid or Medicare patients with type-2 diabetes and then tracks the results. Initial outcomes were impressive. Since then, she's become one of the most visible leaders in the "food-is-medicine" movement, testifying to Congress, participating in national healthcare summits and speaking to diverse groups around the country, including several in Colorado.

## **DO MOST PEOPLE YOU MEET KNOW ABOUT FOOD-IS-MEDICINE? IF NOT, WHAT DO YOU TELL THEM?**

It's still new to a lot of people. I usually try to start with the basics. There's three major parts to it: food, education, and data. I talk about how we can elevate the food-is-medicine space by including local farmers and having really robust nutrition education to empower people. The food-is-medicine movement is growing, just like the regenerative agriculture movement is growing. It's still small, but we're getting closer to where maybe one out of 10 people recognize these terms.

## **IS THE TRUMP ADMINISTRATION'S CAMPAIGN TO "MAKE AMERICA HEALTHY AGAIN" (MAHA) INCREASING VISIBILITY?**

It absolutely is. It's become more of a national mainstream conversation. People are starting to pay attention to what's in their food, or even just realizing they need to be asking that question. Regenerative agriculture is getting talked about quite a bit within the MAHA movement, along with restoring local food systems, restoring our health, and connecting those dots. The initial MAHA strategy report (on making children healthy again) is a national leadership document, and at the end of that report it connects everything back to soil health. So that sent a big signal.

## **YOU'VE BEEN TO COLORADO SEVERAL TIMES OVER THE PAST TWO YEARS, MEETING WITH FARMERS AND HEALTHCARE PROVIDERS. HOW DOES COLORADO COMPARE TO OTHER STATES IN ADOPTING THIS?**

The thirst for food-is-medicine, and for local food systems, is everywhere. For farmers focused on soil health, they see a lot of parallels to human health. I love that more farmers want to explore that connection.

People think of Colorado as being progressive in a lot of ways. Unfortunately, the state's food-is-medicine Medicaid waiver is really small. The state could actually do a lot more if it was expanded. Food-is-medicine was also included in the state's Rural Health Transformation Program (a federal grant that allocates \$50 billion to states over 5 years, including \$200 million to Colorado.) Right now it's up in the air whether those funds can be used to pay for food or not. It does pay for building infrastructure around being able to provide food-is-medicine.

## **IF THE STATE IS HAVING BUDGETARY PROBLEMS, IS THAT AN ISSUE?**

There are budget problems everywhere, so the question becomes, what are we going to prioritize? We can't really afford not to pay for these programs. We spend millions, if not hundreds of millions of dollars, just on amputations every year. We can afford to pay for regeneratively grown food that prevents these costly health interventions.

## **FRESH RX, THE PROGRAM YOU STARTED IN TULSA, FOCUSES ON REGENERATIVELY GROWN PRODUCE. HOW DOES MEAT FIT INTO THESE PROGRAMS?**

Meat is included in some of the medically tailored grocery programs and meal plans. In the past, meat was demonized, butter was demonized, and then there was the uproar over margarine. Now people are realizing vegetable oils might be more of the crux of the problem with heart disease. So people are starting to be more aware of this and getting back to eating meat. But the quality of the product is also important. Stephan van Vliet, a researcher at Utah State, is teasing out differences based on how the meat was raised, conventional or regenerative. I think as we start to see which has better omega ratios and is less inflammatory, we're going to start using that in more food-is-medicine programs. Unfortunately, in the past, these programs were not always focused on the quality of the food or where it came from. That's what I like to call food-is-medicine 2.0.

## **IT'S INTERESTING HOW THESE PLANS INTERSECT WITH THE BROADER HEALTH AND WELLNESS SPACE.**

Even though these programs usually fall within Medicaid and lower income insurance, we're starting to see them more in commercial insurance and even employer insurance too. We need to include healthy people who want to optimize their health, not just focus on chronic disease. Everybody wants access to this. It doesn't necessarily have to be prescribed by medical institutions. Holistic health practitioners are always asking me how they can offer this to their patients.

