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“Group aims to show that good food can work as well as medicine”

By Felice J. Freyer | August 28, 2015



Meals were prepared for packaging by volunteers at Community Servings on Thursday, an agency that delivers meals to the sick who need help in Boston.

To most people, food is a source of nourishment and pleasure. But to a Boston charity, it is also medicine — and the group aims to prove that the right food can reduce illness and lower health care costs.

Community Servings, which for 25 years has delivered free meals to the homes of sick people, has teamed up with a Massachusetts General Hospital researcher and the Blue Cross Blue Shield of Massachusetts Foundation to launch a small pilot study of how “medically tailored” meals can affect people with diabetes.

The researcher, Dr. Seth A. Berkowitz, is recruiting 50 patients who have diabetes and experience difficulty

paying for food. They will receive Community Servings meals for 12 weeks, constituting about half of what a person would eat each week.

Researchers will question them about the rest of their diets to see if dietary quality improves as result of receiving Community Services meals. If so, Berkowitz hopes to conduct a larger study measuring how high-quality food improves the health of people with diabetes.

The concept of food to treat illness is nothing new for Community Servings, which was founded in 1990 to serve people with HIV and AIDS, who were prone to a deadly wasting syndrome. “In the early years, the majority of people [with HIV/AIDS] died of malnutrition,” explained the agency’s chief executive, David B. Waters. “If you could feed people, you could stave that off. It’s the first example of food as medicine.”

Now that improved medications have allowed most people with HIV to live healthy lives, Community Servings has expanded its mission to bring food to people with diabetes, cancer, and diseases of the heart, kidney, or liver, among other ailments, serving 1,000 people in 20 cities and towns. Nearly all are living in poverty. Many are too sick to shop for food and cook it, and most can’t afford healthy fare.

Once a week, each client receives a delivery of five lunches (soup and salad) and five dinners (a frozen entree and chilled dessert), plus fresh fruit, yogurt, cereal, a loaf of bread, and a quart of milk. The patient’s caregiver and children under 18 in the household get the same fare.

Community Servings surveyed the doctors and nurses who take care of their clients. Nearly all said the meals had improved clients’ health.

The food is prepared by a chef and tailored by a dietitian to the patient’s medical conditions. It also conforms with the patient’s ethnic background. It is intended to be irresistible.

Grady Moore, 64, a longtime client who lives in Boston, said he loves the food, especially the desserts, pork and beans, fish, and chicken. Sometimes, he eats two or three meals at once, he said. Suffering from heart disease and diabetes, Moore said he ended up in the hospital two or three times a month until about year ago, when “I started taking care of myself a little bit better.”

Despite its history and focus on health, Community Servings has often been regarded as merely an anti hunger group, Waters said. “Nobody in health care wanted to talk to me till about three years ago,” he said. That’s when two trends converged: a growing recognition that social factors, such as access to housing and food, have a huge effect on health, and a push for innovative ways to reduce health care costs.

Last year, Community Servings surveyed the doctors and nurses who take care of their clients. Nearly all — 96 percent — said the meals had improved the clients’ health, and 65 percent indicated they believed it had resulted in fewer hospitalizations.

Recognizing the potential, Commonwealth Care Alliance, a health plan that serves people on Medicaid and Medicare who have complex health problems, recently began a pilot program with Community Servings. The alliance pays for meals for about 100 enrollees at risk for hunger or malnutrition.

Many insurance companies are also developing programs in which medical professionals get paid to keep patients healthy rather than collecting a fee for each procedure or test. Waters hopes to tap into this market, with the goal of eventually having health insurance contracts providing 50 percent of the Community Servings’ income.

But first, he needs to prove that food can indeed be medicine, and inexpensive medicine at that.

That’s where Berkowitz’s pilot comes in. To support it, the Blue Cross foundation, which had recently adopted a focus on social factors in health, provided \$50,000, as did BNY Mellon bank.

The researchers hypothesize that the experience of eating healthy food — learning what it is, seeing and tasting it — will prompt people to improve the quality of foods they choose on their own, and help them get control of their diabetes. They will also measure blood-sugar levels, cholesterol, and encounters with the health care system.

Community Servings has a \$6 million budget fueled by government money, foundation and corporate grants, individual donations, and fund-raising events.

But the agency has a waiting list of 50 to 75 people. “We can’t raise the money fast enough to meet the need,” Waters said.



Volunteer Faviola Jean helped prepare meals for packaging at Community Servings on Thursday.