

STAT

Does good food count as health care? New research aims to find out

By Megan Thielking | March 24, 2017



Diane Woodford unpacks a delivery from Community Servings in her kitchen in Boston. Each delivery contains five days' worth of fresh and frozen foods. (ALISSA AMBROSE/STAT)

BOSTON — Diane Woodford peppers the meal delivery driver at her front door with an urgent question: “Did you bring my tomato soup?”

It’s there in her bag, along with a week’s worth of low-sugar, low-salt meals to ensure Woodford will eat well, even though her diabetes, kidney disease, and congestive heart failure make it hard for her to get to the grocery store.

Community Servings, a Boston-based nonprofit, has been providing medically tailored meals for nearly three decades to individuals with chronic diseases who have trouble shopping and preparing food.

Now, doctors are studying the program to see whether food really can become medicine.

“We know lack of access to healthy food is associated with bad outcomes in virtually every area you look,” said Dr. Seth Berkowitz, a primary care physician at Massachusetts General Hospital who is conducting research on the program. “What we don’t really know is how to intervene on the issue.”

Community Servings has already persuaded some insurers to cover its food delivery service as a medical expense. Berkowitz wants to know whether there’s a broader case to be made that bringing patients chickpea curries and quinoa salads — and, yes, tomato soup — can save the health care system money.

David Waters, the CEO of Community Servings, is convinced it can.

A week’s worth of meals for a client runs about \$120, he said. “If we can prevent a patient from being in the hospital for one day, we save enough money to feed them for six to 12 months,” Waters said.

Barriers that physicians can’t lift

The idea of using food as medicine isn’t new. But increasingly, doctors, health care centers, and programs such as Community Servings are looking to cement the role of healthy food in medical care. Medically tailored meal delivery is one such approach. Other programs, such as BrightBites, focus on school lunches as a way to stave off obesity and other health problems among kids. At San Francisco General Hospital, providers can prescribe fresh fruits to patients, who can get their scripts filled at the hospital’s Therapeutic Food Pantry. Some medical schools

have added “culinary medicine” to their course list.

Shreela Sharma, an epidemiologist and nutrition researcher at UTHealth School of Public Health in Houston, said there has been a surge in research on how to address food insecurity and a lack of access to healthy options.

“The treatment for food insecurity is food, but you cannot give just any and every food to a patient population,” Sharma said. Doctors need to be able to understand and help patients achieve a diet that falls in line with their specific health needs, she added.

Berkowitz and his colleagues are running three research projects to measure the impact of doing just that. In one, they’re testing whether participating helps patients with diabetes control their blood sugar. The other two projects will analyze how often Community Servings clients use the health care system compared to a clinically similar group of patients who aren’t receiving meals.

Berkowitz said his interest in the research sprang from his experience as a physician treating medically complex patients. For the most part, they understood what constituted a healthy diet. But getting access to such foods was a different story.

“They want to get healthier, but there are simply major barriers,” Berkowitz said. And those are barriers that physicians can’t solve — they can’t move a patient to within an easy walk of a store selling fresh produce, or provide a stove to cook a healthy, hot dinner every night.

“It’s a common situation doctors see, but we don’t have anything else we can offer,” Berkowitz said.

Federal subsidies such as the Supplemental Nutrition Assistance Program, or SNAP, can lighten the burden for some low-income individuals. But those programs don’t address patients who aren’t able to shop or cook, nor do they address the specific dietary needs of a patient with serious health concerns.

That’s where Community Servings comes in.

Chicken drumsticks and frozen veggies

Program staff receive a summary of each patients’ medical concerns and dietitians design an appropriate meal plan, picking from elements of 17 medical diets tailored to clients with issues ranging from lactose intolerance to potassium management.

The kitchen staff then whips up the meals from scratch. There are cole slaws and containers of chili filled to the brim, roasted turkey, chicken drumsticks nestled next to chopped vegetables, all packed away in freezer-friendly bags. (If clients don’t have a microwave to reheat the food, Community Servings will provide one.) Clients often get cereal and milk, too, for good measure. Local farms donate fresh produce during the summer to spice up the ingredients list.

The program started more than 27 years ago, amid the HIV/AIDS epidemic, to feed patients suffering from AIDS wasting syndrome, which can cause dramatic weight loss. In the years since, it has expanded to serve 20 cities across Massachusetts and feeds 1,100 people a day.

Those clients aren’t the frail or elderly, like those served by Meals on Wheels. They’re young — on average, 45 years old — and often have a slew of chronic diseases. Others are undergoing chemotherapy and struggling with fatigue and loss of appetite.



Delivery coordinator Larry Williams brings food to Woodford's home. (ALISSA AMBROSE/STAT)

Many also need help feeding another person in their household: a partner, caregiver, or child. The program brings enough meals for both. “If you want to feed a sick parent, you need to feed [their] child first,” Waters said.

Providing meals for the household also ensures sick clients don’t have to eat alone. That’s key to making sure that food can be an opportunity to foster not only physical health, but emotional well-being.

“Meals can provide solace to people who feel very scared and alone,” Waters said. Community Servings also strives to make sure meals low in salt and sugar aren’t meals low on flavor — which experts say is key to getting patients to stick to a healthy meal plan.

“Part of eating healthy is making sure that it’s tasty,” said Sharma.

A ‘safety net’ for the ill and weary

The program even offers nutrition counseling and cooking classes so clients can learn to make the meals themselves, if they’re up to it. “You’re getting out and meeting people. It’s something good to do and it’s something healthy to do,” Woodford said.

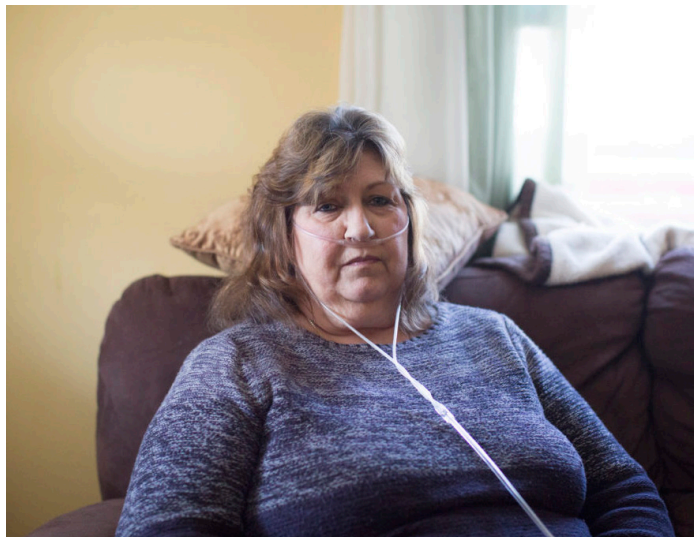
Most of the \$6.5 million annual budget comes from federal HIV/AIDS funding, donations, and corporate support. But in the past three years, insurance contracts have come to comprise about 20 percent of the funding stream, Waters said.

For Woodford, who uses an oxygen tank that can make it difficult to get around, the weekly meal deliveries have been “a safety net,” she said. “It just takes away that burden of [needing] to cook, and measure things, and all of that.”

The program offers flexibility for the ebbs and flows of her health troubles, too — as her medical needs change, so can the diet.

After a recent hospitalization, for instance, Woodford was told to shy away from liquids because she has been retaining too much fluid. So her contact at Community Servings offered to swap her beloved soups for heartier stews, which have less liquid.

She was grateful for the suggestion, and put in another request as well — though this one might go unheeded: “Tell them in the kitchen I’d love some chicken Parmesan, too.”



Woodford has diabetes, kidney disease, and congestive heart failure, which make it hard for her to get to the grocery store. She has been receiving meals from Community Servings for nearly a year.