Nourish

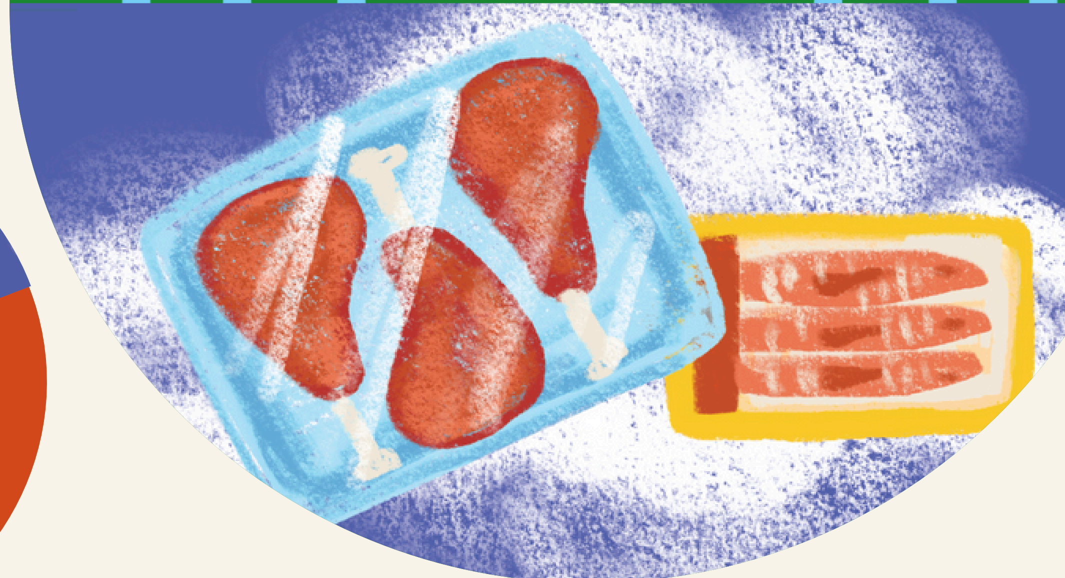
# Food Prescribing

## Field Scan

By Joshna Maharaj, Jen Reynolds, and Shelby Montgomery

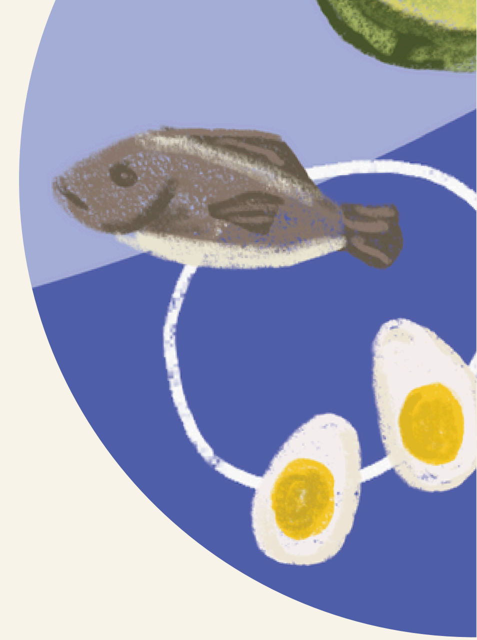
Illustrations by Alex Sawatzky, Arrell Food Institute

December 2024



# Table of Contents


| | |
|---|---|
| Executive Summary | 3 |
| Introduction | 6 |
| Methodology | 7 |
| Findings | 10 |
| Looking Ahead | 24 |
| Sources | 26 |



# Executive Summary

Food prescriptions are a relatively new tool. With a food prescription, health care practitioners identify patients who are food insecure or at risk of diet-related chronic diseases, then offer them access to subsidized or free healthy foods.

Food prescribing offers transformative potential to the health sector - using food as medicine to promote health and combat food insecurity. This report dives into innovative food prescription programs across Canada, drawing on insights from the program leaders, funders, and advocates who are pioneering this approach.

Research involved in-depth interviews with program leads from 11 food prescribing projects, two funders, and one advocacy organization. Interviews sought to understand their experiences, identify successful strategies, pinpoint challenges, and explore the potential for scaling food prescribing initiatives. Conversations were recorded, transcribed, and analyzed to draw out key themes and lessons learned.

### Food Prescribing has Benefits Beyond Food Security

One of the most significant insights this research surfaced is that, while the majority of current food prescribing programs focus on alleviating food insecurity, they often fall short of promoting sustained healthy eating habits or healthy food access. Interviewed program leaders asserted that food insecurity is, fundamentally, an income issue. Food prescriptions are a health-based tool; while they alone cannot solve health challenges, they play a crucial role in supporting individuals to develop food skills, knowledge, and healthier habits. Interviewees called for significant resourcing to bring food prescribing to scale, with dividends in improved health and reduced pressures on the health care system.

### Gift Cards can Support Food Access and Autonomy

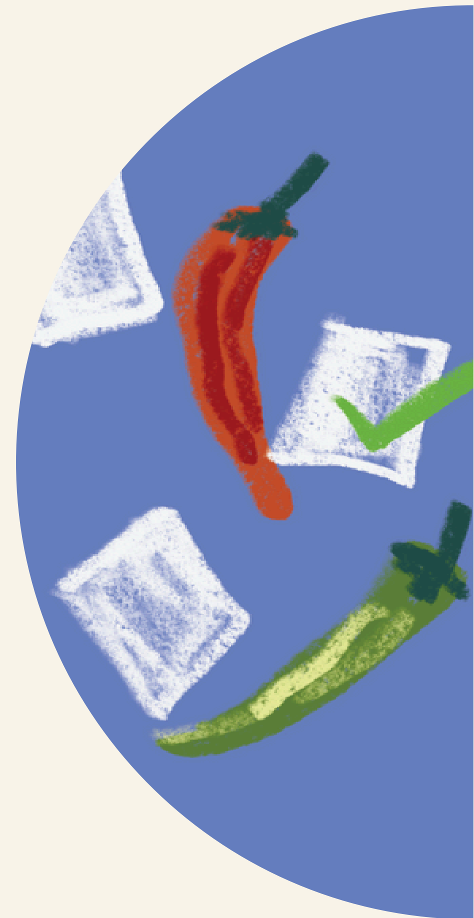
A successful strategy interviewees highlighted for scaling food prescribing models is to use grocery gift cards, which provide recipients with the flexibility to choose foods that best meet their needs. This approach reduces recipients' stress, supports their autonomy, and improves their nutrition without the logistical challenges of delivering food packages, offering needed flexibility for diverse dietary needs. There are lessons to be learned from food prescription programs in the United States, particularly in relation to using pre-loaded cards for food access and integrating food supports into broader policies.

### Effective Food Prescribing Builds Trust and Agency

Trust and agency emerged as key themes for effective food prescribing. Supporting prescription recipients to make their own food choices fosters a sense of empowerment and self-management. Scaling models that offer food prescriptions through health care practitioners, including physicians, nurses, and dietitians, as well as program staff in non-health care settings, requires innovation in intake and prescription tracking. Interviewees noted concerns about the paternalistic nature of "prescribing" food and the importance of culturally sensitive language, particularly in Indigenous communities.

### More Investment is Needed

Despite the promise of food prescribing, insufficient financial resources is hampering its potential. Interviewees emphasized the need for substantial investments to integrate food prescriptions into health care systems in meaningful ways. This includes dedicated billing codes and incorporating food-based assessments into electronic medical records to both formalize food prescribing within health care and to capture its impacts on both recipients and the health care system.



With limited resources available for assessment, program leads are calling for innovative methods to generate more robust evidence to help secure funding and better demonstrate the value of these initiatives. Questions remain about how to best evaluate food prescribing programs.

### Partnerships with Community and Agriculture are Vital for Scaling

Scaling food prescribing nationally requires a coordinated approach involving government, health care, and community organizations. Case studies in this report showcase diverse implementations of food prescribing programs, highlighting successful partnerships with local farmers and markets. These collaborations ensure access to fresh, local, and nutritious foods, though challenges remain in sourcing affordable and sustainable options. Enhanced relationships with the agricultural sector will support the realization of food prescribing programs and their benefits.

**Looking Forward**

Ultimately, food prescribing models should aim to address food insecurity and improve health outcomes. By viewing food prescriptions as long-term health supports rather than temporary solutions, health systems can reduce diet-related chronic health conditions and lessen health care system burdens - while simultaneously addressing social determinants of health. This work goes beyond providing food: it is about creating the conditions for individual autonomy and empowerment, fostering community connections, and recognizing food as a vital component of health and well-being.

**Nourish looks forward to engaging our community of practice to explore how to secure greater investment in the therapeutic use of food for human and planetary health. If you have feedback or ideas stemming from this field scan and/or are interested in being part of this conversation, please get in touch with us at info@nourishleadership.ca.**

# Introduction

> "Food insecurity equals life insecurity."
>
> *Stephanie Cook, Apple-a-Day, SK*

**Food prescriptions** are "an area of innovation and exploration, whereby health care practitioners identify patients who are food insecure or at risk of diet-related chronic diseases and provide them access to subsidized or free healthy foods" (Little et. al. 2024).

The idea of using food therapeutically - or as medicine - is thousands of years old, present in most cultures' early cookbooks and cooking traditions. The idea of health care practitioners issuing prescriptions for fresh, healthy food is relatively new, however, only part of the conversation about food and health for the last decade or so. Since the beginning of the COVID-19 pandemic, there has been an increased focus on the importance of **food security** - the state where people have enough access to safe and nutritional food to meet their dietary needs - and a boost in the **food prescribing** movement, highlighting the health impacts of poor nutrition and food insecurity on people and communities (Rockefeller Foundation, 2024).

Food prescriptions are "a powerful nutritional intervention with the ability to change diets and behaviour, improve health outcomes, and reduce health care costs" (Ibid). In Canada, there are a growing number of food prescription pilots and programs operating loosely under the umbrella of social prescribing. **Social prescribing** is "a model that enables health care providers and social service professionals to connect individuals with non-clinical supports and community resources that address individual and community needs based on the social determinants of health" (CISP Website). The **social determinants of health** are "the conditions in which people are born, live, learn, work, play, worship, and age. These conditions affect a wide range of health, functioning, risk, and quality-of-life outcomes" (Health Accord for Newfoundland & Labrador, 2023).

**What If...**

- Health care becomes a leading advocate for food systems change and the elimination of food insecurity?
- Food becomes respected as a clinical tool?
- We invest in better food now to save health care dollars in the future?
- We reprioritize the role and value of food to nurture healthy lives?
- Food insecurity screening becomes part of patient intake and patient records?

This paper outlines key findings from conversations on the current state and potential of food prescribing.

# Methodology

In spring 2024, researchers conducted one-hour Zoom interviews with program leads, including 11 people from food prescribing projects, two funders of food prescribing programs (Community Food Centres Canada - CFCC and Maple Leaf Centre for Food Security - MLCFS), and one advocacy organization (Canadian Institute for Social Prescribing - CISP). A snowball approach was used to identify potential interviewees.

"The work we're doing with social prescribing is generally the idea that people need more than medicine, right? Our health is more than medicine. It is food. It is shelter. It is social connections. It's income."

*Sonia Hsiung, CISP*

Interviews focused on the following questions:

- What is your experience with food prescribing?
- In your opinion, what has worked well? What was less successful?
- What is required for this to be a success?
- How can food prescribing programs scale?

Interviews were recorded, electronically transcribed, mined for data, and then inputted into a spreadsheet to enable comparison.

Of the 11 projects reviewed, six were in health care spaces (hospital, community health center) and five in non-health care spaces (markets, non-profit organizations, family resource center).

*Note: With limited resources, we were unable to speak with everyone we wished! In particular, this work drew on three projects sharing details online about their food voucher models:*

- BC Farmers' Market Nutrition Coupon Program
- NS Nourishing Communities Food Coupon Program
- Carte Proximité, Montreal

### Table 1: Food Prescribing Programs in Canada - A Snapshot

| Organization | Current (CU) / Historical (H) | Prescriber(s) | Target | Offer | Standardized (S) / Choice (C) | Pickup (P) / Delivery (D) |
|---|---|---|---|---|---|---|
| **Apple-a-Day, Saskatchewan Health Authority (SK)** | CU | Dietitians & Nurses | Food Insecurity | Produce | S | Both |
| **Black Creek Community Health Centre (Toronto, ON)** | H | Health centre Professionals (on-site) | Food Insecurity | Culturally Appropriate Food Package | C | D |
| **CFCC's Market Greens (Canada)** | CU | Health care Professionals (varied) | Food Insecurity & Health Screenings | Shopping Vouchers for Subsidized Markets | C | P |
| **CIUSSS Centre-Sud, Hôpital Solidaire (Montréal, QC)** | CU | Health care Professionals (varied) | Food Insecurity (emphasis on food is medicine) | Prepared Meals (eat on-site or to-go) | C | P |
| **Compass Community Health Food Prescriptions (Hamilton, ON)** | CU | Community Health Centre Practitioners (occasional outside referrals) | Food Insecurity (large diabetic population) | Produce | S | Both |
| **Department of Education (NL)** | CU | Family Resource Centres' Staff | Food Insecurity | Grocery Gift Card | C | P |
| **Farmers' Market Nutrition Coupon Program (BC)** | CU | Community Partner Organizations | Food Insecurity, Seniors & Pregnant | Farmers Market Coupons | C | P |

*Table continued on following page...*

| Organization | Current (CU) / Historical (H) | Prescriber(s) | Target | Offer | Standardized (S) / Choice (C) | Pickup (P) / Delivery (D) |
|---|---|---|---|---|---|---|
| **FoodShare (Toronto, ON)** | H | Health Care Professionals / Self-referral | Food Insecurity | Good Food Box | S | D |
| **I Can 4 Kids (Calgary, AB)** | CU | Social Service Agencies | Food Insecurity | Grocery Gift Card | C | P |
| **Nourishing Communities Food Coupon Program (NS)** | CU | Community Partner Organizations | Food Insecurity, Low-income households | Farmers Market Coupons | C | P |
| **Parkdale Health Center (Belleville, ON)** | H | Physicians | Food Insecurity | Food Bank Access | C | P |
| **Research Trial, University of Calgary (AB)** | CU | Physicians | Food Insecurity (People w/ diabetes & their families) | Grocery Gift Card | C | P |
| **The Seed (Guelph, ON)** | CU | Health care Professionals (varied) | Food Insecurity | Shopping Vouchers (online or in-person market) | C | Both |

# Findings

Key themes and lessons learned from the research interviews are outlined below.

### Framing Food Prescriptions: Beyond Income Security

One of the biggest learnings from the field scan is that, while the vast majority of current food prescribing programs are focused on addressing food access, they are not funded to operate in a long-term way needed to promote healthy diets. People running these projects conveyed that the urgency of food insecurity is great, but current food prescribing pilots are not sufficiently funded to either address food insecurity or deliver food's health-focused, therapeutic benefits in a sustained way.

According to interviewees, prescriptions themselves are quite generic about the food component, mostly using language like "healthy food" or "fresh food basket," which connects to the idea that the vast majority of food prescribing projects use prescriptions to address food insecurity rather than for other therapeutic uses of food.

As interviewees made clear, they see food insecurity as predominantly an income issue and food prescribing is a health tool. While these tools are interconnected, we cannot use health policy alone to address food security, which is fundamentally an income issue. Additionally, many program leads told us that, even if we solved issues of poverty and food system shortfalls, there would still be a need for food prescribing to achieve fuller, more optimal health outcomes.

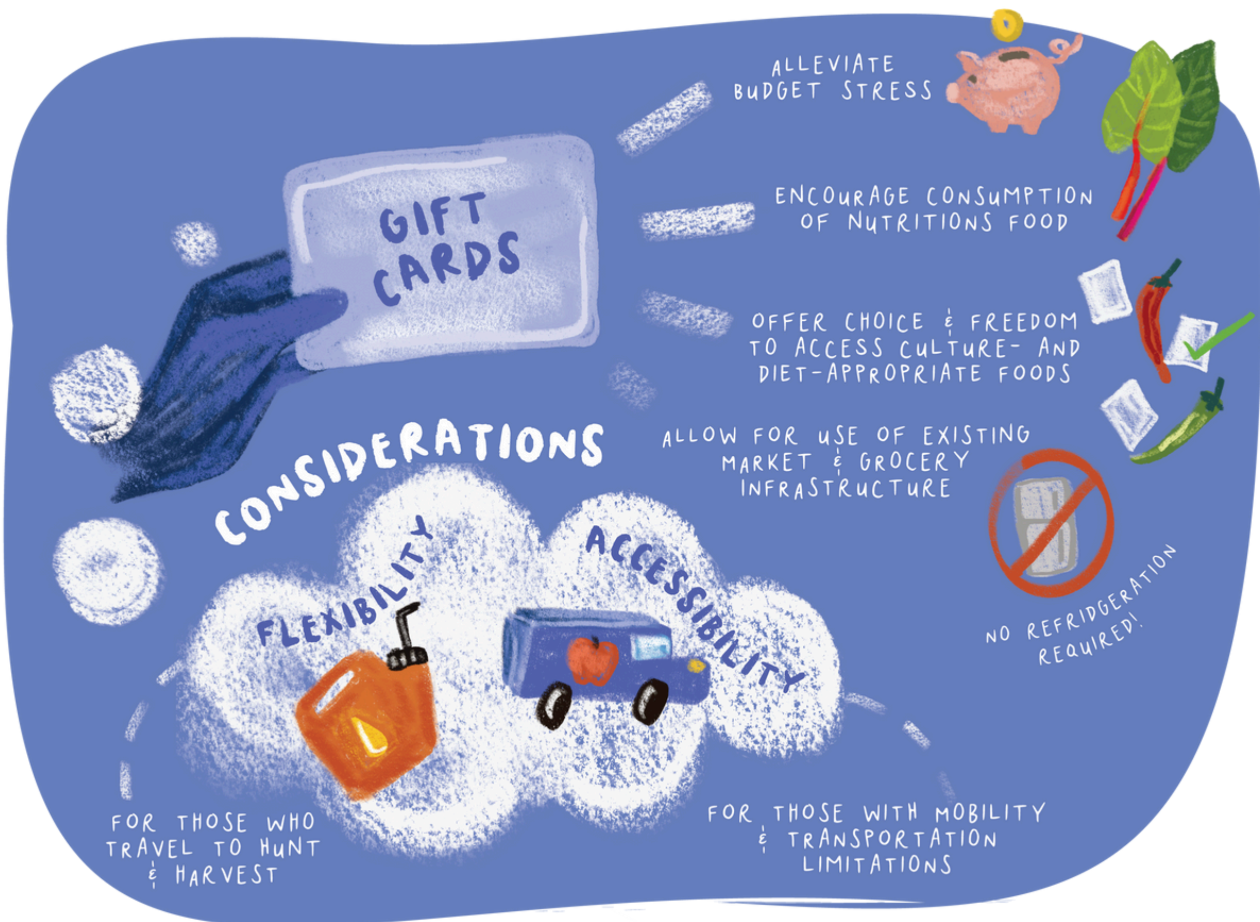
At their best, food prescriptions are about supporting people to grow their knowledge, build food skills, and develop new habits. These are common needs, regardless of one's income and access, and are elements that will enable effective food prescribing at scale to generate significant health benefits.

### Increasing Access with Gift Cards

Food insecurity results in the perpetual juggling of household budgets. Some of the food prescribing programs we spoke with that offer gift cards found that using gift cards alleviates recipients' stress. Gift cards support recipients to make their own choices, which is not possible with in-kind food packages. A study done by I Can 4 Kids in Alberta showed that gift card recipients reported "feeling a sense of autonomy due to the flexibility and convenience of using **GGC (grocery gift cards)** because they could decide for themselves what foods to purchase that best met their households' needs and preferences" (Lee, Y.Y. et al., 2023). Participants in this study also reported that with the GGCs,"they were more likely to have adequate nutritious food for their entire families without needing to sacrifice their own intake," and that "[w]ith increased exposure to fresh fruits and vegetables in the home, recipients shared that their children were more likely to request and consume more of these foods and ate fewer pre-packaged and processed foods" (Ibid, 2023).

At the household level, Kathryn Scharf from Community Food Centres Canada suggested that "we have to think of a food prescription as supporting a whole family." She explained that, "parents will not separate themselves from their kids to eat their healthy food." Dana Olstad echoed Kathryn Scharf's words, saying that "[t]he benefits [of a food prescribing program] will extend to all household members, including children" (Ibid, 2021). Food prescriptions can offset costs associated with fresh foods to help people reallocate household income for other costs. Transportation, access to technology and the Internet, and housing costs are barriers to accessing food prescriptions and health care and social programs generally.

> "Family health care practice does some food security screening, then offers patients an option that is right for them for food access. For lonely folks, it's vouchers for a community market; for a single mom with two jobs, it's a loaded gift card so she can go and buy what she needs; for seniors, it's online shopping that is delivered."
>
> *Sarah Stern, MLCFS*




Program leads shared that GGCs save on infrastructure, as there is no need for fridges, storage, and other overhead costs that are required for non-profit organizations to supply food packages. program leads also shared that, if food programs are buying food to redistribute, it is more valuable to purchase GGCs to offer people choice and freedom. Gift cards enable participants to access culturally and diet-appropriate foods. In some cases, social service or health care organizations can negotiate discounts on gift cards from suppliers. In remote and Indigenous communities, program leads highlighted the importance of flexibility with gift cards, so that recipients are not limited to grocery stores. Sometimes, support with a tank of gas for the ski-doo or ammunition to harvest traditional foods is more beneficial.

Many respondents underlined that we will only realize the potential of food prescribing when there is more infrastructure to support food security. For someone with no access to a kitchen or a fridge, a box of fresh produce can augment their challenge. Building food prescribing into legislation using GGCs, the U.S. Farm Bill funds food security programs and local food infrastructure projects, which alongside philanthropic funding is resourcing food prescriptions getting to scale. Building upon work to enable food stamps and other food support programs to be accessible in a variety of food retail (e.g., grocery stores and farmers markets), government has invested in technology to enable cards to be pre-loaded and used in different locations. While food prescribing may not be the solution for everyone, a gift card can provide someone with healthy food and help to ease their stress.

At the same time, gift cards are not the answer for every person or community; some (remotely located, mobility/transportation limitations) are best served with delivered food packages. As with other supports for people living with food insecurity, some value from food prescribing (gift cards or food packages) is reduced isolation from regular contact with friendly people on pick-up or delivery days. Program staff discussed these positive impacts on people's lives and the stories that emerged from those regular connections.

### Building In Choice, Agency, and Trust

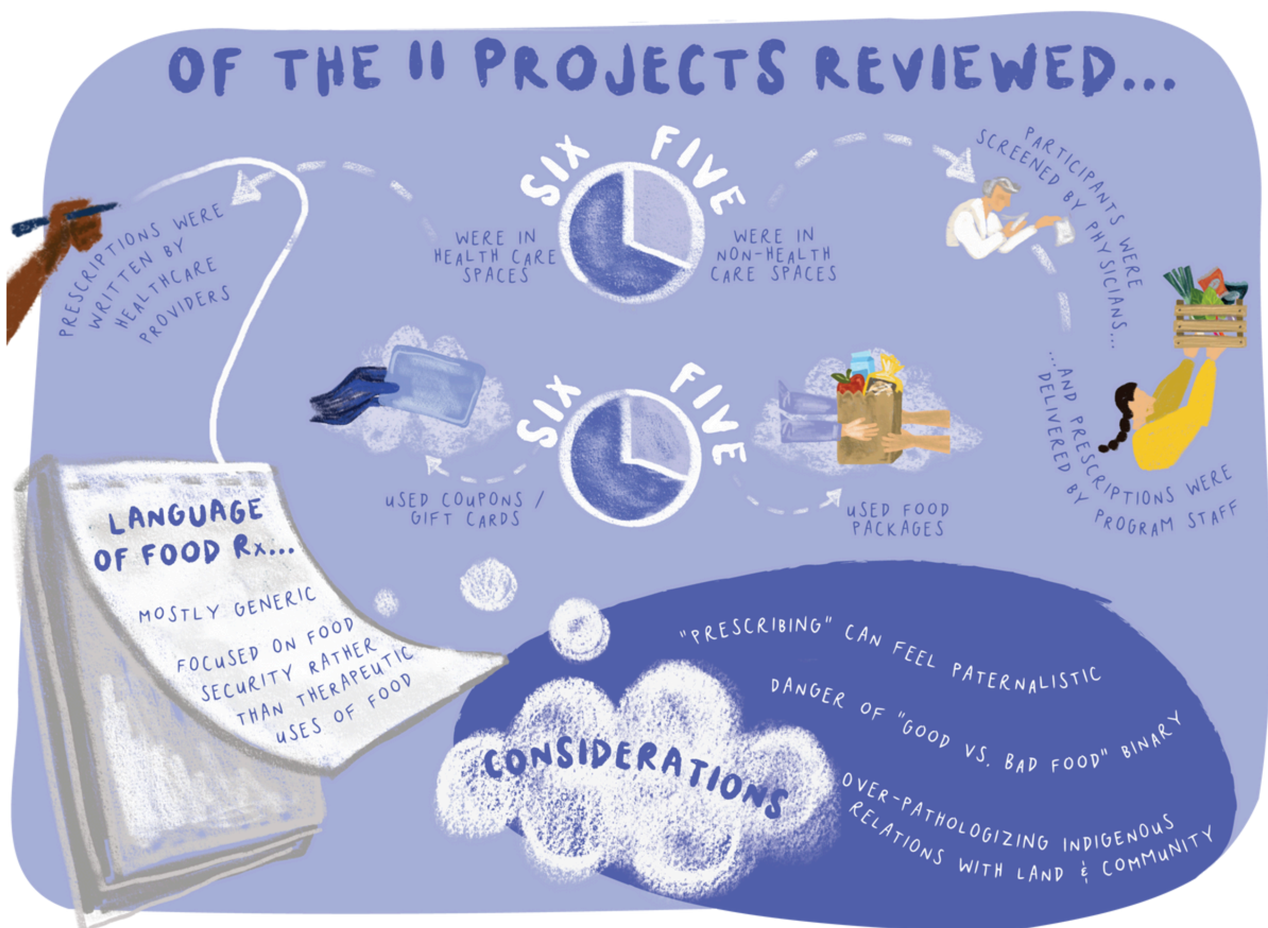
In discussions with food prescribing program leads, a repeated concern was the need to address service providers' cultural mistrust and suspicion of vulnerable people. Program leads shared their belief that the food prescribing model only works if people have agency to choose what they will receive; this autonomy gives people confidence in their food choices and in their abilities to manage their own health. A research paper on trust and the development of health care as a social institution supports this idea, concluding that "trust matters to health systems and trust-based health systems matter to society. People value health systems not only for the care they themselves receive in times of sickness but also for the contribution the systems make to the broader well-being of society" (Gilson and Centre for Health Policy, 2003).

A few program leads voiced concern about the idea of "prescribing" itself, referencing how it can seem paternalistic and, in some cases, blame individuals for their health issues or food insecurity. For some communities, the idea that someone with academic expertise tells you what you should be eating conflicts with intentions to offer people a dignified way to receive food support. Other respondents highlighted the danger of talking about food as universally good or bad, pushing the idea that different bodies respond differently to different foods. They were concerned that standardized prescriptions can send judgemental messages, which can harm the relationship between the care provider and patient, thereby worsening outcomes.

"People really want to be able to take care of themselves. And well, you know, feel trusted, right? There's a lot of misperceptions about why people are in this position."

*Donald Barker, I Can for Kids, AB*

Respondents highlighted how food prescribing language is problematic for some Indigenous communities. Some feel that current language over-pathologizes the connection to community and land through food, which is something that Indigenous traditions have practiced for generations. Some Indigenous health advocates prefer the language of "restoring medicine wheel balance" instead of "prescriptions" in an effort to reclaim some autonomy and self-determination, and to reject the imposition of colonial power and systems.



There is more to explore around the language of food prescribing. There are opportunities to expand and challenge current dynamics and power structures, and language can be a powerful way to engage people in both the process and the system.

### Community Connections

A clear theme in conversations with people running food prescribing programs is the importance of community connections. Many interviewees spoke about the importance of networks as critical infrastructure to facilitate learning from community health and food organizations, and of networks as critical factors that helped to establish these early programs.

"Food prescribing is a tool in the toolbox, to support people while we build the evidence, while we move policy, and while we try to build better social policy. The spectrum approach could be: a light touch is a referral to a food bank, then a deeper touch asks questions like, "what do you want? What are your goals in life?" Then it starts to be driven by the person and the prescription starts to be more co-created - it draws people in, and then that's where we see deeper transformation."

*Sonia Hsiung, CISP*

Dana Olstad, a researcher and dietician at the University of Calgary, pointed to the importance of community networks in food prescribing's success. She explained that, "[t]he subsidized healthy food prescription program will mobilize and unite multiple sectors to improve the health of the participants, bridging primary care, population health, social services and industry" (*Study seeks to understand the impact of food insecurity on our health*, 2021b).

In some cases, food prescribing can specifically include community. Prescriptions can include access to cooking classes or community kitchen sessions where people build their cooking skills, working together to cook meals that will support their shared health condition. Shanette Merrick, Executive Director of The Good Life, "an Oakland, California-based nonprofit offering healthy aging activities for older adults" (Caruth, 2024b), and a clinical research supervisor at UC Davis, "recently concluded a study designed to show that a healthy lifestyle change would slow down or stop the onset of dementia and diabetes" (Ibid, 2024). Merrick describes the benefit of teaching participants about both what to eat to support their individual health needs and how to cook it themselves. She explains this by sharing that participants are "learning how to really look at their plates and say, 'that heals my pancreas, this is good for my heart, this is good for my skin - everything on this plate is healing my body.' That is super powerful" (Ibid, 2024).

Strong, diverse networks will better position those working to promote community connections for health by making space for conversations with health care practitioners, chefs, farmers, and community organizers. Collaborative networks will enable programs that strengthen connections between food and health outcomes.

### Resourcing Impact

While social prescribing is growing across Canada, food prescriptions are currently a relatively small practice in the health care sector due, in part, to the significant investment required. In comparison to other social prescribing methods, food is the most expensive. Project staff shared that potential funders want to see the impact and results of food prescription programs before investing, but that pilot projects rarely get the resources they need to generate the data funders require to move forward. Leah Janzen at the Compass Community Health Center in Hamilton sums it up well by saying, "it's hard to find grants for free food."

A number of interviewees feel that what food prescribing needs is longevity and long-term resources: you wouldn't take away somebody's heart medication after a certain period of time, so why take away their food prescription? Anita Quach from Alberta Blue Cross, the largest benefits provider in the province, described food prescribing as having "the potential to improve and support the management of chronic disease."

Both funders and community organizations engaged with food prescribing agree that relying on charitable solutions to solve systemic problems is unrealistic. Despite practitioners and organizations seeing a need, no substantial food prescribing supports currently exist in Canada. Sonia Hsiung from the Canadian Institute for Social Prescribing (CISP) referenced wisdom from a UK colleague who described the current situation as "having lots of travel agents, but no destinations." Other interviewees summed up the scenario by conveying that, if the service or program that you're referring people to is limited in its flexibility or efficacy for the actual interests and needs of the person you're supporting, then it's like you're building a ladder to nowhere. They went further to emphasize that, although screening for food insecurity is a worthwhile step, it places physicians in a difficult position without any actual resources to offer.

A deeper dive into this issue uncovered another reality: people's perception of the value for money invested in food prescribing programs. In almost every interview, this issue surfaced in some way: people do not readily see the foundational role that food plays or the value that it provides to the health and well-being of people or planet. This blindspot extends to funding, where the benefits of healthy food are viewed as less innovative and scalable as other initiatives.

### Evaluation Challenges

Related to resource challenges and making the case for greater investment in food prescription programs is the challenge of evaluation: how to evaluate impact and use data to create a compelling narrative. A number of interviewees mentioned program evaluation as a challenge. The most common obstacle is a lack of resources to do more detailed, lengthy evaluations. At the participant level, program leads reported that survey response rates are low. Paper feedback forms invariably get lost or forgotten, and access and capacity around electronic evaluations is similarly unreliable. program leads talked about being stuck in the position of needing evidence to support investment in food prescribing programs, while not having the staffing or time to generate this evidence.

> "There are health care organizations and food-based organizations in every community. If each one of them had more resources than they currently have and thought this was a good idea, then it could scale pretty rapidly. It's really just about that investment in infrastructure, knowledge around operations, and the money to support people to buy food themselves."
>
> *Tom Armitage, Guelph CHC*

### Prescribing in Systems

From all the interviews, there is consensus that food prescribing has to be about health - this is where food insecurity has a significant impact, in our health system. Many interviewees believe that health care system actors need to broaden their understanding of health and what makes and keeps us healthy, more explicitly addressing the social determinants of health. Program leads in Newfoundland and Labrador referenced the recently implemented Health Accord for Newfoundland and Labrador as a promising example, which incorporates the social determinants of health.

"Say we get a basic income or social assistance goes up enough, basically the poverty rates go drastically down, okay? And if that happens, I think there's still a case for food prescribing within the health care system, because there's still going to be folks whose health needs mean that they need a bit of help with food."

*Joshua Smee, Food First NL*

Recognizing that poor diets influence health and increase health care costs, the Food is Medicine Institute at Tufts University created the Food is Medicine Pyramid. Exploring the potential for the therapeutic use of food, the University's Nutrition Policy Initiative uses the pyramid to categorize kinds of nutritional counselling and education, spanning a continuum between prevention and treatment. These counselling and education strategies include medically tailored meals, medically tailored groceries, produce prescription programs, nutrition security programs, and population-level healthy food policies and programs (Tufts University, 2023b). The Institute also includes a list of recommendations for the meaningful integration of these ideas into national health care policies and programs. This is another promising example of how food and health care can be integrated into coherent strategies that help create thriving patients, communities, and systems.

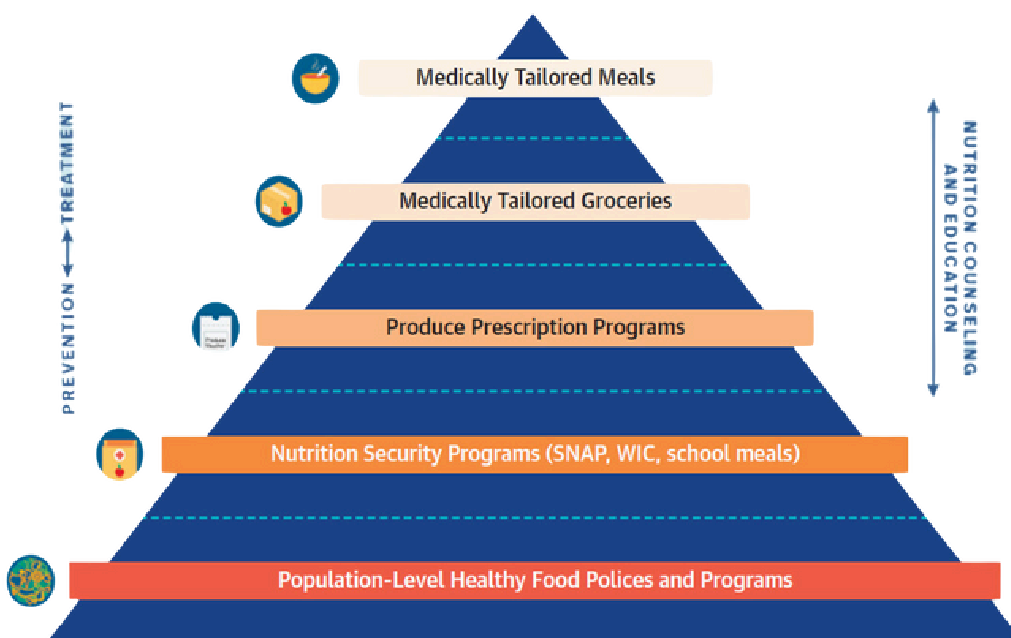



*Image Source: Tufts University (n.d.)*

Instead of dealing with diet-related disease downstream, food prescriptions should be part of the clinician's toolkit. In the majority of health care spaces, health care practitioners write food prescriptions, including physicians, nurses, nurse practitioners, occupational therapists, physical therapists, and dieticians. In the market greens project by Community Food Centres Canada and at the University of Calgary, physicians screened participants and focused on prescriptions for diabetic patients. Social care providers delivered prescriptions through program staff. Instead of dealing with diet-related disease downstream, food prescriptions should be part of the clinician's toolkit. Interviewees identified the need to note food security assessments in Electronic Medical Records (EMR) and for specified billing codes for these assessments to integrate and formalize food prescribing into the health care system.

Another element concerns the knowledge and practices of health care practitioners themselves. To support food prescribing, practitioners will need to grow their wisdom and training around how food can nurture health and wellness. Currently, health care professionals engaged with food prescribing do so predominantly through pilot initiatives and programs; this is neither enough to address social determinants of health or the root causes of food insecurity, perpetuating the status quo.

Myles Sergeant, Executive Director of theCanadian Coalition for Green Health Care, describes the situation this way: “[y]ou could be a doctor going along your happy way and not really thinking about these issues and you're not really addressing the real problems a person's having. You're writing them a prescription, but they don't have food to eat, you know?” Bobbi Turko, founder of I Can 4 Kids in Saskatchewan reflected that, “[a] few years ago, we wouldn't have called what we did food prescriptions. Now, I think we're recognizing that we really need to build that linkage into the health care system and use the language that the health care system understands.”

Interviewees discussed the importance of nurturing the patient-provider relationship, as this is where real conversations about how someone is doing happen. With the time and resources to make space for food-based supports, and the trust built by a good relationship between patient and provider, meaningful conversations about health and lifestyle can happen.

### Food Value Chains and Procurement

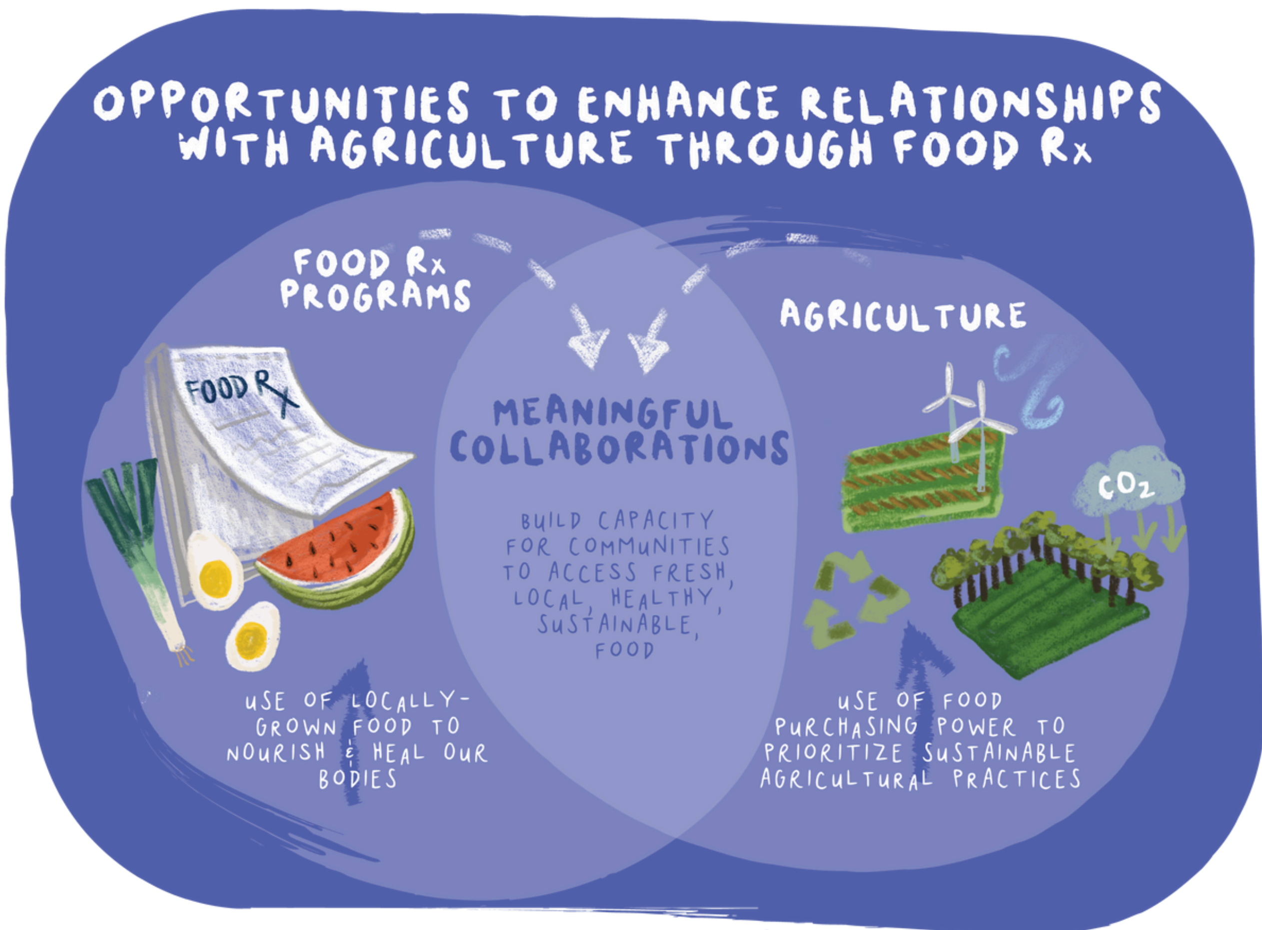
Interviewees shared several insights about sourcing food for food prescriptions. From a sourcing perspective, some program leads reported frustrations with purchasing from a broadline distributor, whose prices were not always affordable. Similarly, other programs prioritized sourcing from local farms, but were also faced with retail prices from local farmers that were not affordable for them.

Kathryn Scharf of Community Food Centres Canada pointed to the inefficiency of community partners building their own markets, suggesting that a better alternative is to engage with the existing retail market. There is potential to weave a continuum of options into food prescription program design over time to build capacity for communities to access fresh, local, sustainable, and healthy food.

There is an undeniable opportunity for an expanded vision about how to enhance relationships between health care and agriculture through food prescribing. Market bucks coupons, like the ones given to participants at British Columbia and Nova Scotia farmers' markets, are proven and effective programs. Collaborating with Community Supported Agriculture (CSA) to offer food shares as extended health benefits is another opportunity area that could offer farmers more security and communities more access to wholesome, delicious, affordable food.

For example, the team at Apple-a-Day in Saskatchewan was one of two food prescribing programs with substantial connections to local farmers. They built relationships with the local Hutterite community for access to off-season storage produce and partnered with another farmer who now grows root vegetables specifically for them. Another example is the Compass Community Health Centre in Hamilton, which has partnered with the local farmers' market to create food packages for them, offering local, organic produce and a small subsidy with each package.

One food as medicine model is linking soil and human health. Dr. Steven Chen is the Chief Medical Officer of Alameda County and leads Recipe4Health (R4H), a program "that intentionally brings together health care, food systems, and agriculture to improve food/nutrition insecurity, chronic conditions, and health/racial equity." Dr. Chen and his team successfully implemented one of California's first Medically Supportive Food and Nutrition services as a covered Medicaid service in California (Recipe4Health, 2022). This program offers participants food prescription vouchers redeemable at a twice-weekly market at a local health centre. They have partnered with a local farm running a **Community-Supported Agriculture (CSA)** program and farmers' market at the health centre called the Food Farmacy. Of the 1,000 prescriptions issued, this easy access to food has resulted in a 74% food prescription fill rate (Alameda County, 2017).



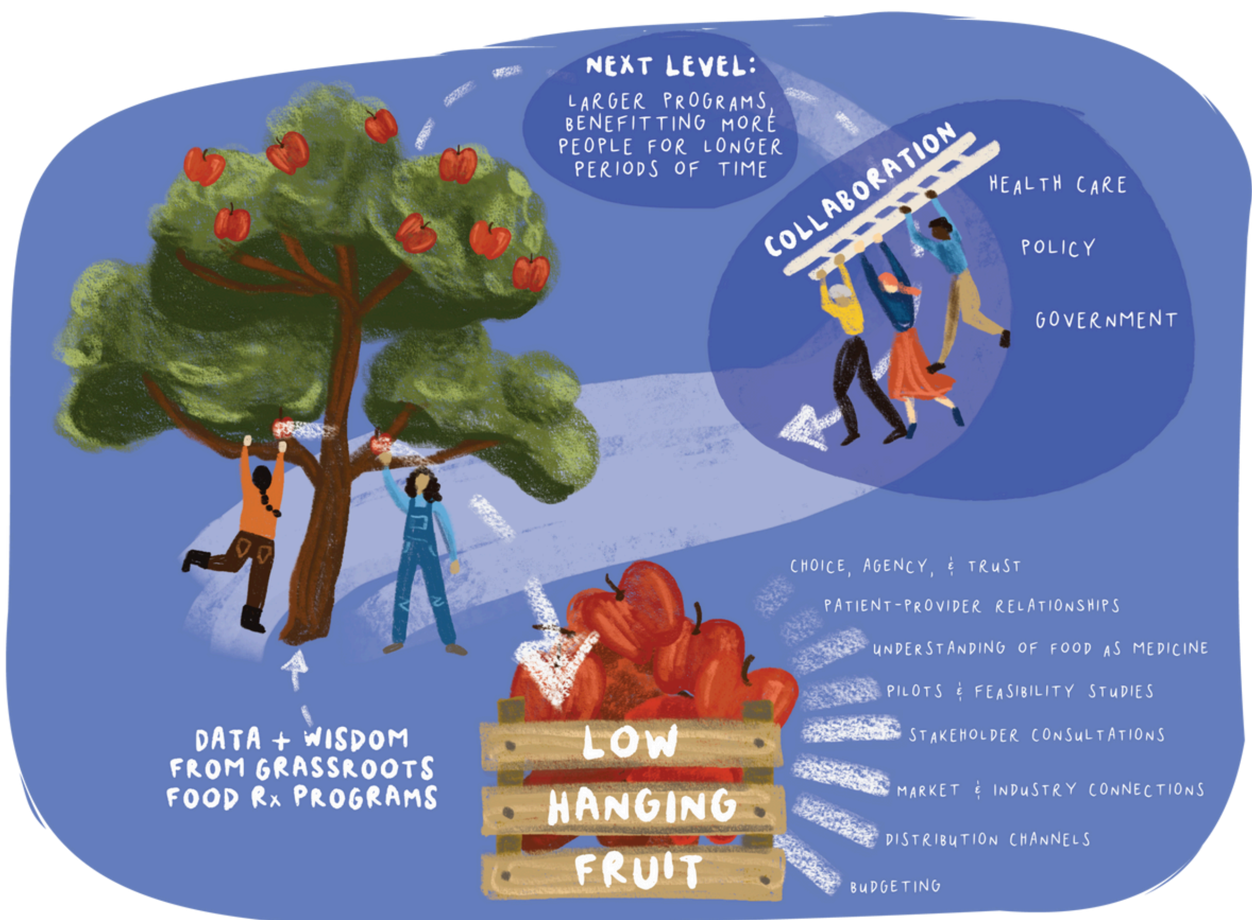

The future of food prescribing must include a meaningful collaboration with agriculture, positioning farmers and other producers as necessary partners. The majority of food prescription programs interviewed do not currently prioritize local or organically grown food. Some reported that insisting on local, sustainably produced food was not possible for them at this early stage. Health care systems can use their food purchasing power to prioritize and encourage regenerative agriculture and minimize the climate impacts of food production waste. These efforts will improve seasonal eating and the use of locally grown food, creating ripples of health for people, communities, and our environment.

## Scaling Change

Ultimately, the goal of grassroots food prescribing programs is to gain access to space and positioning as a legitimate tool in the health care system - with the resources to deliver benefits in ways that are effective, efficient, and meaningful. Some interviewees doubted that the kind of systems transformation required to make this a reality is feasible. Others believe that now is the perfect moment to engage with government, and for them to recognize the health wins and financial savings that come with more preventative, holistic approaches to health care like food prescribing.

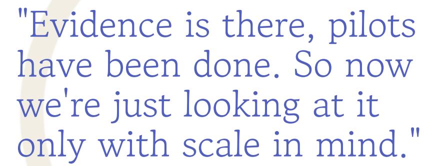
When asked what is required to take food prescribing to the national level, Anita Quach suggested that “it’s collaboration across all systems of government, all levels, health care, pharmacy, and policymakers, it can't be siloed if we want it to grow.” Sonia Hsiung echoed the need for collaboration and prioritizing food, saying that “[t]his is not fluff. It's fundamental to health and to wellbeing.”

Canada can build on work in other jurisdictions about what works, and there are examples of how projects can grow and scale to both broaden and deepen their impact. The question now is less about whether food prescribing works and more about how to bring programs to scale to reach more people.



# Looking Ahead

When we asked interviewees what they thought food prescribing could be, there were a variety of responses, all of them decidedly enthusiastic about a vision for the future.




*Kathryn Scharf, CFCC*

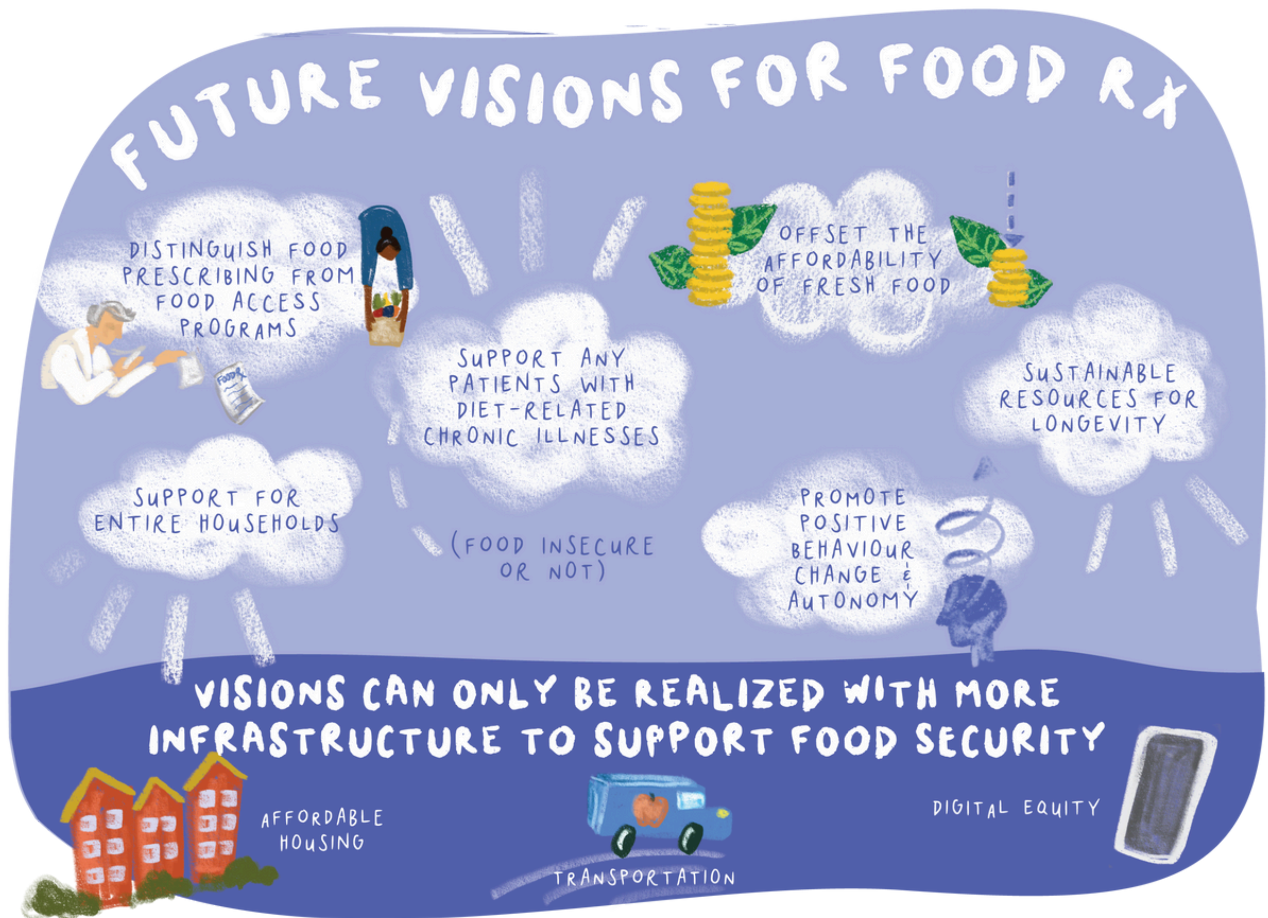
What is most compelling is the potential impact of food prescribing to create positive change in people's lives. This could mean spending more time on cooking and eating wholesome meals, choosing foods that will make them feel good, or becoming more adventurous, experimental eaters. This could mean strengthening community networks, creating more robust local value chains for regenerative agriculture, and building collaborative relationships between patients and health care providers in ways that improve people's quality of life and optimize the effectiveness of health care interventions.

Food prescribing can support any population with chronic health conditions that can be improved with diet or nutrition, and should not necessarily be limited to low-income populations (the way that food banks are). There is potential to use food prescribing to support patients – those who are food insecure and those who are not – with diet-related chronic diseases. This will improve health while reducing long-term burdens on health care systems and the reliance on medical interventions.

To maximize its benefits, food prescribing must be viewed as one necessary tool in a systemic toolkit of actions that support food security and the health of people and planet.

**Nourish looks forward to engaging our community of practice to explore how to secure greater investment in the therapeutic use of food for human and planetary health.**

**If you have feedback or ideas stemming from this field scan and/or are interested in being part of this conversation, please get in touch with us at info@nourishleadership.ca.**




Let's work together to redefine the value of food for health.

# Sources


Alameda County - Recipe4Health. (2017) *Food is medicine*.
https://www.alamedahealthsystem.org/food-is-medicine/

Alameda County - Recipe4Health. (n.d.) *Our staff, story, partners*.
https://recipe4health.acgov.org/our-staff-story-partners/

Caruth, N.J. (2024) *Can cooking in community slow dementia and diabetes?*
https://civileats.com/2024/07/01/can-cooking-in-community-slow-dementia-and-diabetes/

Gilson, L. (2003). 'Trust and the development of health care as a social institution' in *Social Science & Medicine*, pp. 1453–1468. https://www.duodecim.fi/wp-content/uploads/sites/9/2016/05/avoimuus2016_kpatja_liite2.pdf

Government of Newfoundland and Labrador (2023). *Health Accord for Newfoundland & Labrador*. https://healthaccordnl.ca/

Lee, YY; Caron-Roy, S.; Turko, B. et al. 'Experiences and perceived outcomes of a grocery gift card programme for households at risk of food insecurity' in *Public Health Nutrition*. 2023;26(11):2460-2469. https://pubmed.ncbi.nlm.nih.gov/37528809/

Little, Matthew et. al. (2024). 'Food prescribing in Canada: evidence, critiques and opportunities' in *Health Promotion and Chronic Disease Prevention in Canada*. Vol 44, N° 6, June 2024. https://doi.org/10.24095/hpcdp.44.6.04

Rockefeller Foundation. (2024) *Food is Medicine*.
https://www.rockefellerfoundation.org/initiative/food-is-medicine/

Tufts University. (n.d.) *About Food is Medicine at Tufts*.
https://tuftsfoodismedicine.org/about-us/

Tufts University. (2023) Poor Diets are Harming Our Health.
https://tuftsfoodismedicine.org/wp-content/uploads/2023/09/Tufts-Food-is-Medicine-Institute_2023-FIM-Fact-Sheet.pdf

# Nourish Leadership in health care.

@nourishleadership

@nourishlead

www.nourishleadership.ca