

Treating and Preventing Diet-Related Chronic Conditions in Oklahoma: Food is Medicine and Medicaid 1115 Waivers

Prescribed food interventions are a powerful response to address poor health outcomes, reduce health care costs and utilization, and boost Oklahoma's economy.

Poor diet is the **leading cause of death** in the United States.¹

People who are **food insecure are at a greater risk** of developing the costliest and most deadly diet-related chronic conditions, such as hypertension, coronary heart disease, stroke, cancer, and diabetes.²

These burdens disproportionately affect Americans with lower incomes, living in rural communities, and from historically marginalized racial and ethnic groups.³

Diet-affected chronic health conditions **cost the United States economy over \$1.1 trillion** in medical expenses and lost productivity each year.⁴

Food Insecurity and Chronic Illness in Oklahoma

- 6th Highest Prevalence of Food Insecurity in the US (14.3%)⁵
- 1st Highest Prevalence of Death by Heart Disease in the US⁶
- 3,061 per 100,000 Preventable Medicare Hospitalizations (40th Highest in US)⁷

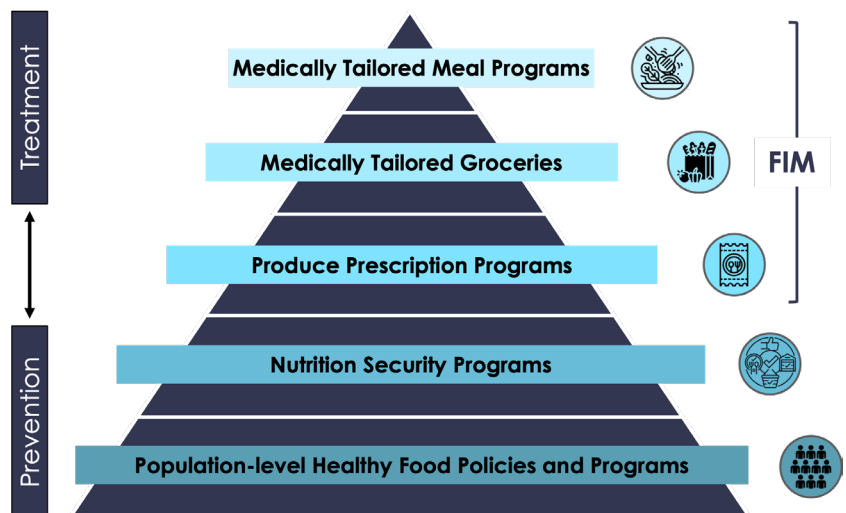
Food is Medicine: The Evidence-Based Solution

Food is Medicine interventions are tailored by medical providers to respond to the connection between food and health, helping to prevent and treat diet-related conditions. These include programs that build upon nutrition security programs (like SNAP) and population-level healthy food policies to provide access to nutritious food as part of a patient's treatment plan.

Medically Tailored Meals are fully prepared, home-delivered meals, tailored by a registered dietitian nutritionist and provided in combination with nutrition education to address the medical needs of individuals living with severe, complex chronic conditions that limit activities of daily living, such as poorly controlled diabetes, heart failure, cancer, kidney failure and HIV.

Medically Tailored Groceries are unprepared or lightly processed healthy foods selected by a registered dietitian nutritionist or other qualified professional that are tailored to address the medical needs of individuals with one or more diet-related health risks or conditions, who can still prepare their own meals.

Produce Prescriptions are redeemable at food retailers, including grocery stores and farmers' markets or via home-delivery, to provide access to discounted or free healthy produce for individuals with at least one diet-sensitive health risk or chronic condition, such as diabetes, prediabetes, hypertension, and obesity, as well as food insecurity.



Dariush Mozaffarian et al., A Food Is Medicine Approach to Achieve Nutrition Security and Improve Health, 28 NATURE MEDICINE 2238 (Nov. 2022), <https://doi.org/10.1038/s41591-022-02027>.



Research shows that Food is Medicine interventions are **cost-effective solutions** that:

- Improve hemoglobin A1c levels, body mass index (BMI) scores, and blood pressure;
- Decrease depression scores;
- Increase fruit and vegetable consumption; and
- Decrease hospitalization and emergency room utilization.⁸

Nationwide adoption of medically tailored meals would prevent an estimated **1.6 million hospitalizations** and save payers a net **\$13.6 billion** in the first year.⁹

National implementation of produce prescription programs for patients with both diabetes and food insecurity could avert **292,000 cardiovascular events** and **add 260,000 quality-adjusted life years**.¹⁰

Food is Medicine interventions **boost state and local economies** by supporting local and regional farmers and agriculture; benefiting food retailers such as supermarkets, farmers markets, and CSAs; and encouraging the growth of community-based organizations.¹¹ **Each food dollar spent locally in Oklahoma has an estimated multiplier effect of 1.41 to 1.78**.¹²

Food is Medicine at Work in Oklahoma

SoonerSelect's three Medicaid managed care plans offer medically tailored meals, groceries, and/or produce prescriptions as **value-added benefits** to members with certain health conditions (such as diabetes) and/or those who are experiencing food insecurity.¹³

FreshRx Oklahoma is a produce prescription program providing locally grown produce to patients with diabetes in **North Tulsa**. Patients have seen, on average, **reduced A1c levels by 2.2%, lost weight, and reduced blood pressure by 13 points**, with **estimated health care cost savings of \$24K per person**. Additionally, FreshRx has **supported 27 small-scale, local farmers** and diversified the food system in both rural and urban areas, stimulating local economic development and the workforce. The program has served 300 and currently serves 100 Oklahomans and is supported by philanthropic organizations, private donors, and a USDA GusNIP grant.

OKFresh Produce Prescription Program is a produce prescription program providing up to \$40 of fresh produce per month to families in **Lawton, Miami & Muskogee** who are identified as food insecure by clinicians at 27 clinics. Families then redeem their benefits at farmers' markets. Program assessments have shown **statistically significant increases in vegetable intake** (percentage of participants eating vegetables 3-6 days/week), percentage of **participants shopping at a farmers' market**, and percentage of **participants reporting food security**. The program currently serves 865 Oklahomans and is supported by private funds and a USDA GusNIP grant.

Double Up Oklahoma (DUO) is a nutrition incentive program providing a \$1 for \$1 match on SNAP-eligible purchases, up to \$20 per day, to be used towards the purchase of fresh fruits and vegetables. Between January 2021-December 2023, Oklahoma DUO **served 117k unique SNAP households** with **\$8,594,891 in economic impact** across 12 grocery stores, 20 farmers' markets, and 1 mobile market in **21 counties**. The program is funded by the USDA, and state and private funders.

State Policy Opportunities to Leverage Food is Medicine: 1115 Waivers

- **Twelve (12) states** have 1115 waivers or proposals that provide Medicaid coverage for nutrition services, testing the impact of Food is Medicine services on nutrition insecurity and chronic conditions: AR, CA, DE, HI, IL, MA, NC, NJ, NM, NY, OR, WA.¹⁴
- Food is Medicine programs have **bipartisan support**. For example, North Carolina's waiver was spurred by legislation passed in 2015 as part of the state's Medicaid managed care transition.¹⁵

Favorable State Fiscal Policy

- The federal government has reformed the 1115 waiver "budget neutrality requirements" for Food is Medicine services, creating new and significant flexibility for states.¹⁶
- Waivers have included infrastructure funding (additional funding to support the implementation and delivery of services covered by the waiver) for states, payers, and providers to invest in technology, business or operational practices, workforce development, and outreach/education/stakeholder convening.¹⁷

Leveraging Food is Medicine interventions through an 1115 waiver presents a vital opportunity to reduce food insecurity, improve health, scale successful programs, and manage Oklahoma Medicaid program costs.

- ¹ THE US BURDEN OF DISEASE COLLABORATORS, *The State of US Health, 1990–2016: Burden of Diseases, Injuries, and Risk Factors Among US States*, 319 JAMA 1444 (2018), <https://jamanetwork.com/journals/jama/fullarticle/2678018> (doi:10.1001/Jama.2018.0158).
- ² Christian A. Gregory & Alisha Coleman-Jensen, U.S. DEP’T OF AGRIC., *FOOD INSECURITY, CHRONIC DISEASE, AND HEALTH AMONG WORKING-AGE ADULTS* (2017), <https://www.ers.usda.gov/webdocs/publications/84467/err-235.pdf>.
- ³ Roberto Flores & Nicholas J. Jury, NAT’L INST. OF HEALTH, *NATIONAL INSTITUTES OF HEALTH NUTRITION RESEARCH REPORT 2020–2021*, https://dpcpsi.nih.gov/sites/default/files/NIH_Nutrition-Research-Report_RF508_FV-05.pdf.
- ⁴ TRUE COST OF FOOD MEASURING WHAT MATTERS TO TRANSFORM THE U.S. FOOD SYSTEM, THE ROCKEFELLER FOUND. (July 2021), <https://www.rockefellerfoundation.org/wp-content/uploads/2021/07/True-Cost-of-Food-Full-Report-Final.pdf>.
- ⁵ Matthew P. Rabbitt et al., U.S. DEP’T OF AGRIC., *HOUSEHOLD FOOD SECURITY IN THE UNITED STATES IN 2022* (2023), <https://www.ers.usda.gov/webdocs/publications/107703/err-325.pdf?v=7101.5>.
- ⁶ CTRS. FOR DISEASE CONTROL & PREV., *Stats of the State of Oklahoma* (last visited Jan. 24, 2024), <https://www.cdc.gov/nchs/pressroom/states/oklahoma/oklahoma.htm>.
- ⁷ UNITED HEALTH FOUND., *Preventable Hospitalizations in Oklahoma* (last visited Jan. 24, 2024), https://www.americashealthrankings.org/explore/measures/prev_hosp_b/OK.
- ⁸ For a collection of peer-reviewed research, see Sarah Downer et al., *FOOD IS MEDICINE RESEARCH ACTION PLAN* (2022), https://www.aspeninstitute.org/wp-content/uploads/2022/01/Food-is-Medicine-Action-Plan-Final_012722.pdf.
- ⁹ Kurt Hager et al., *Association of National Expansion of Insurance Coverage of Medically Tailored Meals With Estimated Hospitalizations and Health Care Expenditures in the US*, 5 JAMA NETWORK OPEN e2236898 (2022), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797397> (doi: 10.1001/jamanetworkopen.2022.36898).
- ¹⁰ Lu Wang et al., *Health and Economic Impacts of Implementing Produce Prescription Programs for Diabetes in the United States: A Microsimulation Study*, 12 JAHA e029215 (2023), <https://doi.org/10.1161/JAHA.122.029215>.
- ¹¹ GusNIP NTAE, GUS SCHUMACHER NUTRITION INCENTIVE PROGRAM (GUSNIP): IMPACT FINDINGS Y3: SEPTEMBER 1, 2021 TO AUGUST 31, 2022 (2023), <https://nutritionincentivehub.org/media/2uwl3ch/gusnip-y3-impact-findings-report.pdf>.
- ¹² Steve Martinez, et al., U.S. DEP’T OF AGRIC., ECON. RSCH. SERV., *LOCAL FOOD SYSTEMS: CONCEPTS, IMPACTS, AND ISSUES*, 43-45 (2010) https://www.ers.usda.gov/webdocs/publications/46393/7054_err97_1_.pdf; Shida Rastegari Henneberry, et al., *An Evaluation of the Economic Impacts of Oklahoma Farmers’ Markets*, J. OF FOOD DISTRIBUTION RSCH., Vol. 40, 73 (Nov. 2009).
- ¹³ OKLAHOMA HEALTH CARE AUTHORITY, *SoonerSelect Health Value-Added Benefits* (updated 1-17-2024), <https://oklahoma.gov/content/dam/ok/en/okhca/soonerselect/docs/Health%20VABs%20Comparison%20updated%2020240117.pdf>.
- ¹⁴ KAISER FAMILY FOUND., *Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State: Table 3* (Jan. 23, 2024) <https://www.kff.org/medicaid/issue-brief/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/#Table3>.
- ¹⁵ 2015 N.C. Sess. Laws 245.
- ¹⁶ CTRS. FOR MEDICARE & MEDICAID SERVS., *Addressing Health-Related Social Needs in Section 1115 Demonstrations* (Dec. 6, 2022), <https://www.medicaid.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf>; see also STATE HEALTH & VALUE STRATEGIES, *Recent Updates to Section 1115 Waiver Budget Neutrality Policy: Overview and Implications for States* (Dec. 2022), https://www.shvs.org/wp-content/uploads/2022/12/SHVS_Recent-Updates-to-Section-1115-Waiver-Budget-Neutrality-Policy.pdf.
- ¹⁷ CTRS. FOR MEDICARE & MEDICAID SERVS., *id.*