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**ACR-108 “Food as Medicine” programs.** (2017-2018)

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**Assembly Concurrent Resolution No. 108**

**CHAPTER 166**

Relative to Food as Medicine programs.

[ Filed with Secretary of State September 21, 2017. ]

**LEGISLATIVE COUNSEL'S DIGEST**

ACR 108, Bonta. “Food as Medicine” programs.

This measure would encourage local jurisdictions across California to create “Food as Medicine” programs to address the obesity and diabetes epidemics.

Fiscal Committee: no

WHEREAS, Nationally, and in California, rates of diabetes among adults and young adults have increased threefold or more in the last 30 years. The federal Centers for Disease Control and Prevention reports that 29 million people have diabetes today—3 million more than in 2010—and possibly one in four people are not aware that they have the condition. A recent University of California, Los Angeles, study concluded that in California, 46 percent of adults—almost half—are prediabetic or have undiagnosed diabetes, compared with about 9 percent of adults who already have a diagnosis; and

WHEREAS, For many, this health crisis begins in childhood and adolescence. Approximately one in three California young adults are prediabetic. Children who are obese or at risk for obesity are at high risk for being prediabetic, or developing full-blown diabetes before their 18th birthday. African-American, Latino, and Filipino children are at particularly high risk; and

WHEREAS, Without intervention, 30 percent of those with prediabetes will develop type II diabetes within five years. Up to 70 percent of people with prediabetes will develop type II diabetes within their lifetime. This is a sobering estimate of the number of individuals who will be affected, but it is also a looming tidal wave to the health care system and to the national economy. The costs of obesity to the health care system will continue to skyrocket without significant efforts to prevent the progression from prediabetes to diabetes, now accounting for a full 21 percent of annual national health care spending; and

WHEREAS, In terms of prevention strategies, it is known that good food promotes good health. It is also known that certain chronic diseases, from diabetes to heart disease to obesity, can be dramatically improved through healthy eating. For children and youth, the quality of their diets directly affects cognitive growth and development, ability to concentrate and learn, and physical fitness and emotional health; and

WHEREAS, Too many people in California who could benefit most from the health benefits of good nutrition lack access to fresh, healthy food. Doctors know their patients need to eat better, but they do not have adequate tools to make that happen; and

WHEREAS, ALL IN Alameda County, an initiative of Alameda County Supervisor Wilma Chan, has a bold vision for focusing our health systems and our communities on the promotion of well-being through “Food as Medicine” programs, in which medical

providers give “food prescriptions” to low-income patients that can be filled at “farmacies” that are conveniently located at places like their health centers or schools. Families participating in “Food as Medicine” programs receive, in addition to food, access to information and instruction in preparing healthy family meals and support for making long-lasting lifestyle and behavioral changes; and

WHEREAS, Many hospitals, nonprofit organizations, and local governments have already begun integrating food into their routine medical care. Current efforts range from small-scale food prescription programs to systemwide changes in funding procedures for medically tailored foods. Outside of California, the Preventive Food Pantry at Boston Medical Center, the Preventive Food Shelf at Hennepin County Medical Center, and Connecticut-based Wholesome Wave give food prescriptions to low-income, food-insecure patients at risk for, or struggling with, diet-related diseases, such as diabetes and heart disease; and

WHEREAS, In the bay area, a number of “Food as Medicine” programs have also begun integrating food into their routine medical care. In the County of Alameda, a multisector “Food as Medicine” initiative is led by several partners, including ALL IN Alameda County, the University of California, San Francisco, Benioff Children’s Hospital, the Alameda County Deputy Sheriffs’ Activities League, the Alameda County Public Health Department, and the Alameda County Community Food Bank. ALL IN Alameda County is developing and incubating the initiative, spending a year identifying best practices with a small group of health providers, and then scaling the initiative throughout the county in 2017. The Alameda County Public Health Department’s nutrition staff will provide program participants with a voucher for a six-week hands-on cooking class, complete with recipe cards and cookbooks to take home. These classes will be taught by the Alameda County Public Health Department’s nutrition staff and will be offered at convenient locations in neighborhoods. Families will also be visited at home by a nurse who will assess their cooking capacity, defined as both knowledge and equipment. Behavioral changes and health outcomes will be tracked by medical researchers at the University of California, San Francisco, Benioff Children’s Hospital; and

WHEREAS, Alameda Health System—Alameda County’s public hospital system—has also launched two of their own “Food Is Medicine” programs with the goal of making fresh, healthy foods accessible to children and their families. At Alameda Health System’s Highland Hospital, the Pediatric Medical Clinic, in partnership with the People’s Grocery, offer the Bite to Balance Program to their patients. Highland Hospital has also partnered with Mandela Marketplace to run a weekly stand that offers affordable, locally grown, sustainable, pesticide-free produce to patients. The food stand accepts cash, credit cards, and electronic benefits transfer (EBT). Alameda Health System’s Hayward Wellness Ambulatory Clinic and Cooking Matters launched their Healthy Eating for Good Health Program, which increased access to nutritious foods for low-income families in communities where obesity is prevalent; and

WHEREAS, In Oakland, Phat Beets has partnered with the University of California, San Francisco, Benioff Children’s Hospital to provide a farm stand and Veggie Rx program to patients. Fresh Approach also has a Veggie Rx program through its mobile food pantry, Freshest Cargo; and

WHEREAS, These replicable models work and are cost effective. For example, the Alameda Health System’s Bite to Balance Program found that more than 70 percent of the children who participated maintained or decreased their body mass index (weight relative to height), and had significant improvements in cholesterol and blood sugar levels—two key indicators of prediabetes. Participating families also demonstrated greater appreciation of the importance of eating healthy. Another pilot program for diabetic food pantry clients that provided participants with diabetes-appropriate food found improvements in blood glucose levels, fruit and vegetable intake, and medication compliance; and

WHEREAS, The health and social benefits of changing the eating habits of diabetic and prediabetic individuals are immense. So too are the cost savings to health systems charged with the care of people with diabetes over the course of the chronic disease. The diabetes epidemic is overwhelmingly costly for our health care system, especially the indigent care system. According to analysis from Public Health Advocates, “In California, total health care and related costs for the treatment of diabetes is about 24.5 billion dollars each year. The disease adds an extra 1.6 billion dollars every year in just hospitalization costs, with hospital stays for patients with diabetes costing over two thousand dollars more than for patients without diabetes. Three-quarters of that care is paid through Medicare and Medi-Cal, including 254 million dollars in costs that are paid by Medi-Cal tax dollars. On average, medical expenditures for people with diabetes are 2.3 times more expensive than for those without diabetes”; and

WHEREAS, By managing this disease through healthy eating, significant health care savings across the lifespan of each patient can be gained. “Food as Medicine” programs could become an integral part of the whole person care initiative under the new Whole Person Care waiver amendment recently approved by the federal Centers for Medicare and Medicaid Services and can lead to changes in physician practices in the long term; now, therefore, be it

Resolved by the Assembly of the State of California, the Senate thereof concurring, That the Legislature encourages local jurisdictions across California to create “Food as Medicine” programs to address the obesity and diabetes epidemic; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.