30 Years of Food as Medicine

The president and CEO of God's Love We Deliver on the importance of effective food and nutrition services.

May 1, 2015 By Karen Pearl

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God's Love We Deliver turns 30 years old today. As we look back over our history, which in many ways is the history of those we serve, we take stock of where we began, how our response to the changing needs of our clients has defined our services today, and what the future may hold for us and our clients in this age of health care reform.

We began with the simple principle that no one should ever have to face the dual crises of illness and hunger. Our founder, Ganga Stone, paid a visit to a man dying of AIDS, and realized that he was too weak to prepare a meal with the bag of groceries she had brought, and began cooking for him. From this small and simple act of kindness, deeply rooted in caring, God's Love We Deliver began. Inspired by Ganga, many more volunteers quickly realized that something as basic as delivering a meal could bring dignity and recognition to a desperate situation. One meal grew to 50, and then into the hundreds. Today, over 8,000 annual volunteers help us cook and deliver over 1.3 million meals each year.

As the trajectory of HIV/AIDS changed, God's Love quickly understood that the severity of each client's situation demanded something more than simply delivering food. It required preparing tailored meals that would support a client's specific medical treatment. And so began the research that led to our preparing individually tailored meals and to our focus on food as medicine. God's Love currently has six Registered Dietitian Nutritionists on staff, and nutrition has become our signature difference.

In 2001, we leveraged our core competency and expanded our mission to provide nutritionally customized meals for those living at home with all life-altering illnesses, including cancer, Alzheimer's, multiple sclerosis and end-stage renal disease, as well as HIV/AIDS. We now serve clients with over 200 unique diagnoses. Our work with populations with primary diagnoses other than HIV/AIDS continues to inform our work with people living with HIV/AIDS (PLWHA). As PLWHA live longer with the virus, they acquire other co-morbid conditions that we now have the knowledge and ability to address more effectively with nutrition.

Our focus on food as medicine recognizes the power of our program to accomplish the Triple Aim of the Affordable Care Act: better health outcomes, lower cost of care and improved patient satisfaction. When PLWHA get effective food and nutrition services (FNS) and become food secure, they keep scheduled primary care visits, score higher on health functioning, are at lower risk for hospital stays and are more likely to take their medicines. A recent study found that the average monthly health care costs for PLWHA fell 80 percent (more than $30,000) for the first three months after initiating FNS. Members overwhelmingly report that our services help them live more independently, eat more nutritiously and manage their medical treatment more effectively. The Health Resources and Services Administration (HRSA) recognized this fact during the 2006 reauthorization of the Ryan White program by making FNS a core medical service when recommended by a physician and provided through a plan by a Registered Dietitian Nutritionist.

Given the strong research and practice evidence in support of the need and benefits of medically informed FNS, it is surprising that when the Patient Protection and Affordable Care Act (the ACA) was passed in 2010, it contained no comprehensive coverage of medically tailored food for any severe disease population. From a policy perspective, the specific combination of a prescribed diet and the food that fulfills it is only integral to the Ryan White program. Lack of coverage for FNS in the ACA is a major concern, since the expansion of insurance coverage provided through the ACA has been proposed as a rationale for discontinuing Ryan White. As a whole, Medicaid and private insurance provided through the exchanges do not provide the wrap-around social supports that help deliver lower health care costs and positive health outcomes for PLWHA.

Thirty years of serving the most vulnerable has shown us that if we are going to end AIDS and achieve a more coordinated national response to the HIV epidemic, as well as accomplish our quest to reduce health care spending nationwide, FNS must be included in all health care reform efforts, including Ryan White and the ACA. Which is why we at God’s Love have become such outspoken advocates for FNS for PLWHA at the national, state and local levels.

On the national level, God’s Love leads our national provider coalition, the Food Is Medicine Coalition (FIMC), and executes an annual Advocacy Capacity Building Project for the field. Further, as a member of the AIDS United Public Policy Committee, I am privileged to represent FIMC in guaranteeing that FNS remains an integral part of care for PLWHA. We also co-chair the newest working group of the Federal AIDS Policy Partnership (FAPP): the Structural Interventions Working Group, bringing together housing, employment and FNS advocates to champion the importance of care completion services in accomplishing the goals of the National HIV/AIDS Strategy.

New York State has been a frontrunner in health care innovation from the beginning. It has already recognized the value of programs like ours by incorporating FNS into the long-term care benefits package for Medicaid. As more innovations roll out, we are working with colleagues to ensure that FNS is included in other health care reform efforts. And, through FIMC, we are helping other agencies across the country advocate for this same inclusion in their states.

It is through these and other efforts by us and our colleagues around the country that the message of food as medicine will have a deep impact on how our medical system is structured for

vulnerable populations, like PLWHA.

Even with such a strong focus on food as medicine, we cannot forget the impact of food as love. Though our clients are so ill, there still have to be moments of celebration. That is why we have come up with different touches that put the heart in our program, like delivering a personalized birthday cake to each client, or, around the holidays, bringing a gift, delivering a delicious holiday meal and providing a guest meal to each client, so no one has to be alone on a special day.

So much has changed in our 30 years, but our core values have not. Every day our clients struggle with malnutrition, hunger, illness and isolation. When they contact God's Love, they find a community of over 8,000 volunteers, 80 staff and our wonderful board members, who care deeply about them. Together, we are dedicated to cooking and delivering the individually-tailored meals and nutrition counseling our clients require at a time in their lives when they need it most. We do this — free of charge — with dignity, respect and compassion. And we will keep doing it until there is an end to AIDS.

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