

SUBJECT: Support for Physician Use and Education of Food Prescriptions

SUBMITTED BY: SAACOFPP Resolution Committee (Isabel Nguyen, Mackenzie Fox); Kouta Lee, Mehzabin Lala, Olivia Pavlich, Stefanie Au, Devi Patel

REFERRED TO: 2025 American College of Osteopathic Family Physicians (ACOFPP)
Congress of Delegates

RESOLUTION NO. 17

WHEREAS, in 2023, the U.S. Department of Agriculture reported 13.5% of households experienced food insecurity during 2023, with higher rates in households with children (17.9%), with a single parent (34.7% with a single mother, 22.6% with a single father), Black (23.3%) and Hispanic (21.9%) households, and households with incomes below the poverty threshold (38.7%)¹; and

WHEREAS, food-insecure children suffer higher rates of developmental delays, difficulty learning language, decreased school attendance and academic performance, increased frequency of illnesses and hospitalizations, and slower recovery; meanwhile, prolonged food insecurity exacerbates elderly chronic conditions, potentially resulting in hospital readmissions and extended hospital stays²⁻⁵; and

WHEREAS, combined use of food voucher programs, such as the Supplemental Nutrition Assistance Program (SNAP), with evidence-based nutritional education have increased potential to decrease blood pressure and mean weight compared with either approach alone⁶⁻⁷; and

WHEREAS, patients who participated in food voucher programs, such as Vouchers 4 Veggies in California, Virginia, and Colorado, reported significant improvements in their perceived health status after 6 months of utilizing fruit- and vegetable-only food vouchers⁸⁻⁹; and

WHEREAS, food pantry programs, such as Boston Medical Center's Preventive Food Pantry, allow physicians and nutritionists to issue validated supplemental food prescriptions to their adjoined community garden and food pantry to address nutrition-related illness and under-nutrition for low-income patients and vulnerable patient populations with chronic conditions like cancer, HIV/AIDS, hypertension, diabetes, obesity, and heart disease¹⁰; and

WHEREAS, osteopathic physicians and affiliated institutions can authorize produce prescriptions and voucher programs funded by the USDA National Institute of Food and Agriculture Gus Schumacher Nutrition Incentive program (GusNIP) to partner with food purveyors like farmers, farmer's markets, supermarkets, and convenience stores¹¹; and

WHEREAS, food benefit programs that pair financial incentives to purchase more fruits and vegetables with restrictions on purchases of less nutritious foods (e.g., sugar-sweetened beverages, sweet baked goods, candy) can further reduce caloric intake and increase nutritional quality of participants' diets compared with programs without incentives or restrictions¹²⁻¹³; and

WHEREAS, redeeming vouchers at a hospital-based Medical Food Pantry (MFP) in North Carolina showed a significant association between food voucher redemption and reduced hospital readmissions, which suggests how targeting modifiable social determinants of health like food insecurity could improve health outcomes and reduce utilization of the healthcare system¹⁴; and

WHEREAS, the 2024 “Doctoring Our Diet” report states 121 medical schools dedicated an average of 19 hours to nutrition and dietary curriculum, which is far below the recommended 25 hours of nutrition education set by the U.S. Committee on Nutrition in Medical Education¹⁵; and

WHEREAS, an online survey of 248 U.S. physicians found only 13.5% felt adequately trained to provide nutritional advice to patients, with 78.4% of physicians citing that additional formal nutrition education would improve their ability to provide better clinical care to patients¹⁶; and

WHEREAS, a recent 2024 study found that additional nutrition curricula among first-year medical students at the USC Keck School of Medicine increased students’ nutrition knowledge, perceived competence, and motivation to change their own dietary behaviors¹⁷; now, therefore be it

RESOLVED, that American College of Osteopathic Family Physicians (ACOFP) encourage the utilization of and participation in local, state, and federal programs which offer voucher incentive programs and food prescriptions; and, be it further

RESOLVED, that ACOFP advocate for the development and expansion of programs such as produce prescription programs, food pantries, and community gardens in conjunction with medical and health institutions; and, be it further

RESOLVED, that ACOFP encourages collaboration with professional organizations which specialize in nutrition to develop educational models for continuing medical education and conference programming.

FINAL ACTION: AMENDED & APPROVED as of April 2, 2025

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