



PCAST

Advancing Nutrition

Workshop

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FOOD LAW
and POLICY CLINIC
HARVARD LAW SCHOOL





**HEALTH LAW
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Health Care Access

Social Determinants
of Health

Health Care Rights
Enforcement

CHLPI

**CENTER for HEALTH LAW
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We provide
legal and policy
expertise on
health and
food systems.



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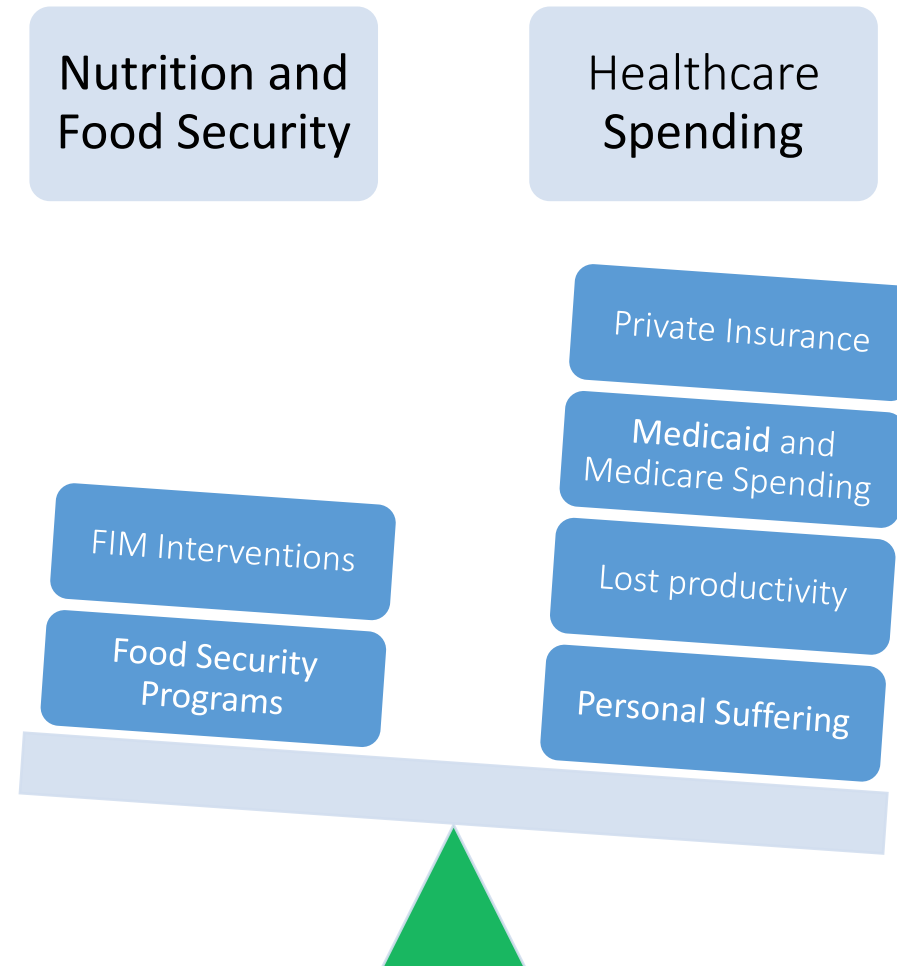
Food Waste & Recovery

Food Access & Nutrition

Food System Justice

Climate & Sustainability

We spend ~ 25x more on healthcare than on nutrition & food security



Relative federal investment in diet-related disease v. nutrition*

HEALTHCARE: \$3 Trillion

\$3 Trillion total healthcare spending

- \$1.5 T Medicare + Medicaid
- \$1.15 T private insurance
- \$388 B out-of-pocket
- *Does not include the costs of lost productivity, lost wages, etc.*

\$1.1 Trillion on diet-related disease alone, including

- Direct medical costs attributable to diet
- Productivity loss associated with diet
(Rockefeller *True Cost of Food*)

NUTRITION: \$122 Billion

\$122 Billion spent by USDA on nutrition and food security programs, including

- SNAP (\$79 B)
- WIC (\$5 B)
- National school lunch/breakfast program (\$12 B)
- GusNIP Incentive program
- Produce prescription program
- Other food assistance programs

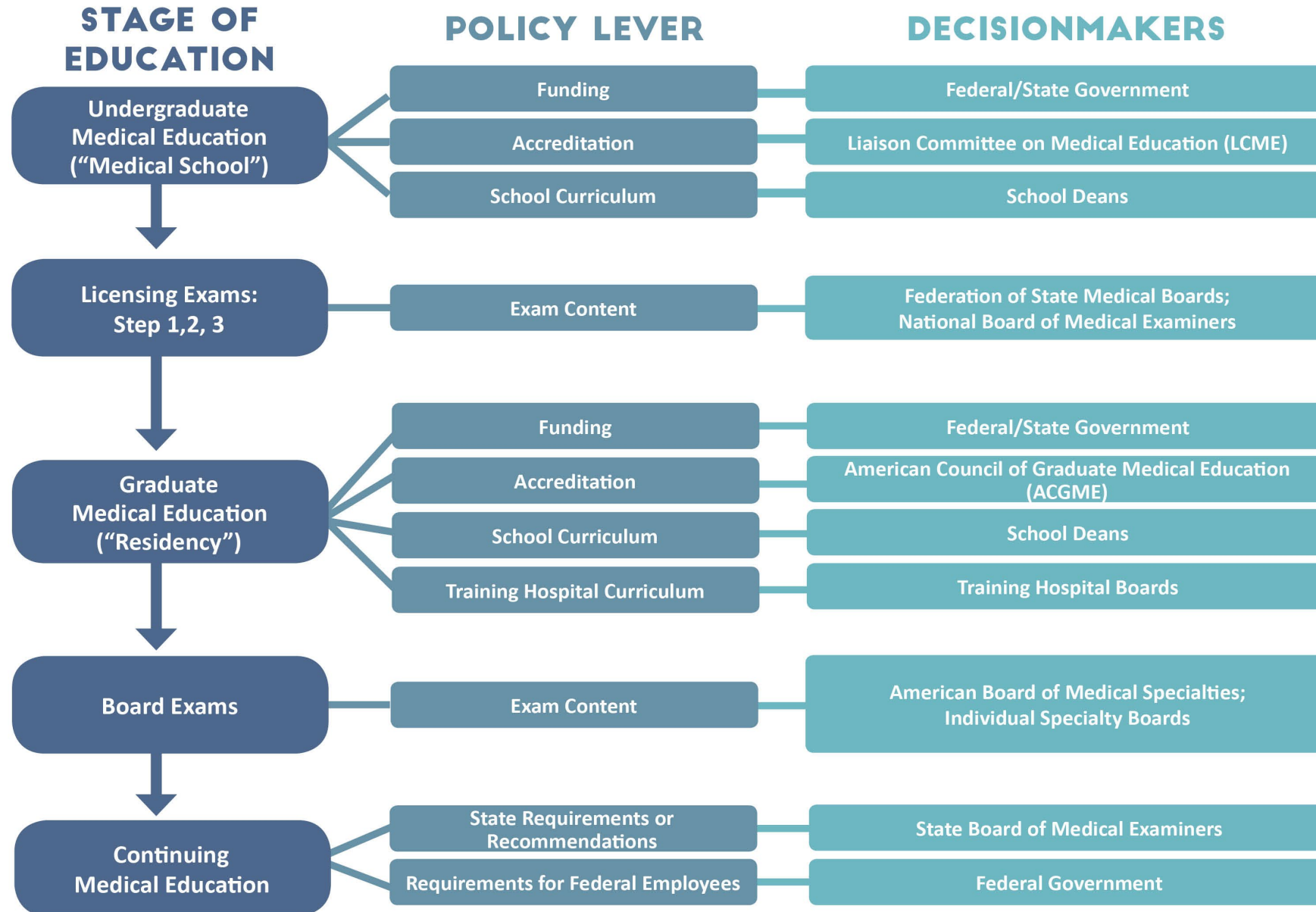
*Based on 2020 data



Nutrition Education for Doctors

- Nutrition plays a critical role in most common and costly diseases. Yet, there are no minimum nutrition education requirements for physicians at any level of study.
- **86% of physicians** report they feel **unqualified** to offer nutritional advice to their patients.
- **72% of students** entering medical school thought that nutrition counseling would be highly relevant in their practices, yet **less than half** maintained this view by graduation.

OPPORTUNITIES TO IMPLEMENT NUTRITION EDUCATION FOR PHYSICIANS



Residency/GME Funding

- Training hospitals rely almost exclusively on **federal** funds
- **\$23 billion** of federal funds spent on graduate medical education
 - **~\$16 billion** from **Medicare**
 - Second largest source : Medicaid (**~ \$7 billion**)



- FY 2020 total spending on Medicare = **\$829 billion**
- **5 of the 8** most common conditions suffered by Medicare beneficiaries were diet-related
- **1/3** of Medicare's budget is directed at diabetes care

Research Needs – Provider Education

- Fund medical schools to research/develop successful curricula
- Require nutrition CME for federally-employed physicians
- Research best incentives for UME/GME programs to adopt relevant training (ie, performance-based incentives, recognition, requirements)
- Research/training on combatting weight bias and stigma
- Research/training on best inter-professional approaches to relationships between physicians and nutrition professionals
- Identify core competencies for different medical training stages/specialties
- Share a repository of courses and CMEs
- Research best ways to track progress in teaching these skills



Research Needs – FIM Pyramid

Population-level healthy food

- Research on additives, UPF, novel foods (FDA under-resourced)

Nutrition security programs

- How SNAP-Ed can translate federal nutrition research into PSE changes
- How to leverage coordination between Medicaid and nutrition security programs to enhance enrollment
- Ideal incentives/limits in programs to support healthy diet

Food is Medicine

- Appropriate “dose” and duration
- Research providing services in isolation vs. with nutrition education
- Qualitative research to analyze process, implementation, and engagement metrics
- Best ways to disseminate forthcoming & future research and translate it into long-term policy





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