Saratoga Library English Conversation Club
Can Food be Medicine?
October 15, 2026

For the past few weeks, we discussed mental health. This week we turn our attention to physical health and nutrition. First, review the vocabulary and dialogs.

Vocabulary Preview: Read these words and match them to their meanings.

1) **cardiovascular** (kahr-dee-oh-VAS-kyuh-ler)	A. a new plan, strategy, or program designed to solve a specific problem
2) **chronic** (KRAHN-ik)	B. to identify a disease or medical condition by examining someone
3) **diabetes** (dy-uh-BEE-teez)	C. fairness and justice, leveling the playing field for all to succeed
4) **to diagnose** (DY-uhg-nohs)	D. a medicine or substance capable of being put directly into the body with a needle
5) **equity** (EK-wih-tee)	E. continuing or lasting for a long time, especially an illness
6) **food insecurity** (food in-suh-KYOOR-ih-tee)	F. full of vitamins, minerals, and other beneficial food substances that keep the body healthy
7) **initiative** (ih-NISH-uh-tiv)	G. medical doctor who specializes in diagnosing and treating internal diseases in adults
8) **injectable** (in-JEK-tuh-buhl)	H. a lack of consistent access to enough healthy and affordable food
9) **internist** (IN-tur-nist)	I. the progress, popularity, or forward movement that a plan or idea gains over time
10) **nutritious** (noo-TRISH-uhs)	J. vouchers or coupons given to patients by doctors so they can get free or discounted fresh fruits and vegetables
11) **produce prescriptions** (PROH-doos pri-SKRIP-shuhnz)	K. a medical condition where the body cannot properly control the level of sugar in the blood
12) **traction** (TRAK-shuhn)	L. relating to the heart and blood vessels

Answers: 1-L; 2-E, 3-K; 4-B; 5- C; 6- H; 7-A; 8 - D; 9 –G; 10 –F; 11 -J; 12 – I

Dialog 1: Characters**-** Dr. Taylor (an **internist**), Maya (a clinic volunteer), Sam (a community member)

Dr. Taylor: As an **internist**, I see too many patients who can't afford fresh, **nutritious** food they need to stay healthy.
Maya: It breaks my heart that **food insecurity** is such a major issue right here in our neighborhood.
Sam: That's exactly why we need to start a community garden to build health **equity** for all families.
Dr. Taylor: I agree, because a poor diet directly increases a patient's long-term **cardiovascular** risk.
Maya: If we team up with local grocery stores, our new health program will gain **traction** quickly.
Sam: Let's get to work on this **initiative** immediately so we can help our neighbors get healthy!

Dialogue 2: The Patient Meeting
Dr. Taylor: I need to **diagnose** why you feel so tired all the time, Sam.
Maya: That's the first step to figure out how you can get better.
Sam: I hope it isn't a **chronic** condition that I'll have to manage for the rest of my life.
Dr. Taylor: Your lab tests show that you have **diabetes**. Your body struggles to process sugar.
Sam: Does that mean I will have to use an **injectable** medication like insulin every day?
Dr. Taylor: Not necessarily. I'm giving you some **produce prescriptions** to buy fresh vegetables first.
Maya: We can get some really fresh vegetables at the farmer's market right down the street, Sam!

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Food Is Medicine

(Based on article, "Prescriptions for Healthy Food? What to Know About the 'Food Is Medicine' Movement)
by Claire Sibonney, Jul 31, 2024 8:22 AM PT

Dr. Hilary Seligman is an **internist** in the primary care public clinic at Zuckerberg San Francisco General Hospital. She is also a professor of medicine at the medical school of the University of California at San Francisco (UCSF). She often asks her patients about their diets. One conversation that stands out involved a man in his fifties. He was a longtime patient she had just **diagnosed** with **prediabetes**.

He revealed that his daily lunch was a sandwich of Spam between two cinnamon rolls. "It really shocked me," says Dr. Seligman. She didn't understand why someone would even put those two foods together until she realized he did it because it was affordable. That sandwich kept him full until he had enough money to eat again. "Healthier food just costs more," she adds.

That pivotal conversation shed light on the harsh realities of **food insecurity.** It fueled Seligman's passion for health **equity** and the growing movement known as Food Is Medicine (FIM, pronounced 'fim'). The philosophy of FIM is simple: Nutritious food is as critical to health as other medical treatments like prescription drugs and should be included in health care coverage.

As the director of UCSF's Food Policy, Health, and Hunger Research Program, Seligman has played a key role in leading policy changes aimed at treating and preventing diet-related **chronic** illness by improving what people eat. She started programs deal with this. They are called "EatSF" and "Vouchers 4 Veggies."

Dr. Seligman's, EatSF and Vouchers 4 Veggies, provide low-income residents who can't afford **nutritious** food with "**produce prescriptions**." They can redeem these **prescriptions** for fruits and vegetables at various places in California and outside the state.

"From the perspective of the patient, it makes a difference when your doctor **prescribes** something," says Dr. Seligman. People take it more seriously. For example, instead of prescribing some medicine for a **chronic** medical condition such as high blood pressure or **diabetes**, Dr. Seligman **prescribes** a healthy food to prevent or treat the condition.

The statistics clearly illustrate the need for this approach. One in eight U.S. households lacks access to affordable and nutritious food, while half of all American adults suffer from chronic diseases linked to their diets such as **cardiovascular** disease, high blood pressure, or Type 2 **diabetes**.

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Each year, these diet-related conditions lead to more than a million deaths in the U.S. These illnesses are also among the country's largest health care costs, with a price tag of $1.1 trillion annually, which matches what the entire country spends on food itself!

In comparison, these conditions cause more deaths than those caused by smoking. Cigarette smoking kills about 480,000 Americans each year.

Given the profound health and economic impact of poor **nutrition**, it's no surprise that the FIM concept is gaining **traction**. That's due to a few key turning points, says Dr. Mozaffarian (moh-zaf-FAIR-ee-un), a cardiologist and director of the Food Is Medicine Institute at Tufts University.

First, the COVID-19 pandemic drove home the crucial link between diet-related diseases and severe health outcomes. For example, people with obesity and other nutritional issues often had much tougher battles with the virus.

Second, heightened national attention to health disparities, particularly influenced by economic pressures like rising food prices, has further pushed the issue to the forefront. The conversation has also been propelled by the high costs of popular **injectable** weight loss medications like Ozempic (oh-ZEM-pik) and Wegovy (wee-GOH-vee), driving the search for more sustainable health solutions.

One of the movement's biggest wins came in recent years when FIM programs, including produce prescriptions, were integrated into Medicaid in 11 states. Additionally, Medicare Advantage has broadly adopted similar coverage, while the departments of Veterans Affairs and the U.S. Indian Health Service are exploring these initiatives through pilot programs.

Next week, we will discuss what "**produce prescriptions**" are and how they work.

Discussion Questions

1. Do you know what Spam is? Have you ever eaten it? (To learn more about Spam, see the brief article below.)
2. Do you think of food as medicine? Do you think this movement is a good idea?
3. Do you eat any types of foods to treat any conditions you may have such as high-blood pressure, diabetes or allergies?
4. Have you heard of medications such as Ozempic or Wegovy? What do you know about them?
5. Would you rather take medications or eat certain healthy foods to promote your health?
6. What foods do you try to avoid because they are not healthy?
7. What foods do you try to eat to stay healthy?
8. What ideas do you have to encourage more people to each fresh vegetables and fruits?

If you are interested in learning more about the Food is Medicine movement, you can register for Tufts University's Food is Medicine National Summit which will be held on October 28. You can attend for free online.
RSVP: https://tuftsfoodismedicine.org/

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A Brief History of SPAM

SPAM is a canned lunch meat product that was first sold in 1937. It was created in Austin, Minnesota by the manufacturers Hormel Foods. It is a combination of the words "**sp**iced" and "h**am**".

Toward the end of the Great Depression, SPAM helped fill a huge need for inexpensive meat products. And its popularity only grew. "It cemented its place in the culinary world during World War II, due to its ability to be stored for long periods of time," explains James Schend, food editor at Taste of Home.

"It could be easily shipped around the world." And it was, both then and now; today SPAM products are available in 44 different countries, according to their brand site. (https://www.hormelfoods.com/newsroom/news/what-is-spam-anyway/)

Classic SPAM® is made from just six primary ingredients: pork with ham, salt, water, potato starch, sugar, and sodium nitrite. (https://www.hormelfoods.com/newsroom/news/what-is-spam-anyway/)

References

https://time.com/7005880/americans-prescriptions-healthy-food-is-medicine/