

Food-as-Advertising to Food-as-Medicine

SEASON



Private and Confidential

From

Food-as-Advertising

to

Food-as-Medicine

1

How did we get here?

Obesity and ultra-processed foods in the U.S.

2

What this means for Health Systems

3

How Food-as-Medicine can sustainably improve the situation for Patients, Providers and Food Companies

How packaged food started and evolved over the years: How Food-as-Advertising began



1940-1960

WWII sped up the development of ready-to-eat packaged meals, especially as post war factories were converted into packaged food production



2000-2020

Covid accelerated the adoption of ecommerce and food delivery, making packaged and convenience foods even more available



1970-1990

Mass production of packaged foods and the microwave, increased their popularity due to the ease of quickly preparing these meals

TODAY

Packaged food is now everywhere, and research shows **the average person eats 500 more calories/day when eating ultra-processed foods¹**

1. Ultra-processed Food and Obesity: What Is the Evidence?

Obesity rates have tripled over the last 60 years. Nationwide, 43% of Americans are obese, while 10% are morbidly obese.¹



While the drivers are not fully understood, there is correlation to the increase in ultra-processed foods (UPF) intake



40.9%

of commercially insured adults have obesity in 2024 (BMI > 30)³



51.8%

of US adults are diagnosed with 1 of 10 chronic diseases⁴



\$2T

is the direct and indirect cost of obesity yearly⁵

1. US Facts, US obesity rates have tripled over the last 60 years; 2. 2019 New England Journal of Medicine; 3. Obesity in A Claims-Based Analysis of the Commercially Insured Population: Prevalence, Cost, and the Influence of Obesity; Services and Anti-Obesity Medication Coverage on Health Expenditures; 4. Prevalence of Multiple Chronic Conditions Among US Adults; 5. Nearly a decade on – trends, risk factors and policy implications in global obesity

The business of grocery has evolved into being dependent on packaged foods and the “trade advertising” dollars that comes with packaged foods.

28%

of a leading grocer’s revenue was advertising revenue ⁴



Volume makes up for low margins, so **selling high volumes of packaged foods with long shelf life is the profit driver for grocery stores** ²



UPFs were developed for the purpose of maximizing consumption through higher margin items ³

1-3%

average profit margins for grocery stores ¹

Providers are poorly equipped to help patients manage against food-as-advertising



There are 108M U.S. adults with obesity, and unfortunately there's a positive correlation between obesity and healthcare avoidance¹



There are few solutions outside of GLP-1s, which take the provider out of the care loop and may not work for everyone, or forever

1. Obesity and Healthcare Avoidance: A systematic review

Food-as-Advertising is failing all stakeholders

	Problem	Solution
Provider	 <p>Providers have little to no time or tools to educate patients on nutrition and food benefits, and nowhere to refer them</p>	<p>A nutrition service line to refer to which delivers RD care, educates patients on nutrition and helps them access benefits</p>
Patient	 <p>Patients return to a highly concentrated packaged-food environment with little support to make lasting nutritional changes</p>	<p>A consumer grade app that helps reshape the food environment, making nutritional behavior changes sustainable</p>
Health System	 <p>Plans and providers are not set up to sustainably address chronic diseases together and it is not financially sensible for a health system to operate a nutrition service line</p>	<p>A financially feasible solution, funded through preventive care coverage</p>
Grocer	 <p>Food providers receive advertising dollars from packaged food companies to promote their products, crowding out perishables which typically are not advertised</p>	<p>Fresh / healthy food promoted by provider guidance through a food marketplace, and investment back into local food ecosystems</p>

What is Food-as-Medicine?

Food-as-Medicine (FAM) is the potential of food to improve overall health, prevent diseases, and manage chronic illness.

Patient education and behavior change are necessary to realize the benefits of FAM, and require 3 key interventions:



National RD Practice

One of the largest RD networks in the country providing patients with actionable, whole-person counseling via virtual visits and messaging



Food Market

A national network of curated food partners supplying a diverse selection of grocery and meal options tailored to specific health goals



Benefits Bank

Integrated food benefits all in one place—from SNAP/WIC to supplemental benefits, easy to find and ready to use



Moving from Food-as-Advertising to Food-as-Medicine



Consumer Packaged Goods producers supply and pay grocers to advertise UPF



Grocers market packaged foods to consumers



Consumers [patients] consume UPF and eat on average 500 calories more per day



Providers treat patients for obesity and other chronic diseases caused by food overconsumption



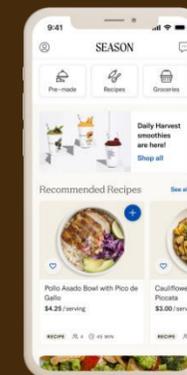
Patient returns back to the CPG food environment and the cycle continues



Patient is referred to a **Season Registered Dietitian**



Patients can access their Food Benefits from **Season's Benefits Bank**



Season builds a personalized food market for each patient, advertising fresh, healthy food tailored to the individual's health conditions and preferences



Patient sees clinical outcomes, and is referred back to into the Hospital System footprint

A central Food-as-Medicine platform makes *whole communities* healthier



Keep patients in the health system ecosystem

↓ 1.8

average 180-day A1c reduction with starting A1c greater than or equal to 8

97%

of patients report being more likely to engage in their healthcare as a result of Season



60% increase

in patients who rate their health at least "Good" at 180 days

Drive community health and engagement



Refer patients to community based organizations (CBOs), increasing access to affordable, healthy food



Invest in the local food ecosystem by partnering with local grocers

Food-as-Medicine is financially sustainable for all stakeholders, including Health Systems

	Address RD Shortages & SDOH	Generate Revenue
DESCRIPTION	<i>Immediate referral resource</i> for nutrition counseling and food insecurity	Build integrated nutrition service line that is <i>revenue generating</i> for the system
PROGRAM DETAILS	<ul style="list-style-type: none"> • Closed loop referrals and platform access • Focused nutrition programs based on service lines (e.g., maternity, cardiology, endocrinology) • Patients can access our food market, education, and benefits bank, if eligible 	<ul style="list-style-type: none"> • Integrated nutrition service line that includes all aspects from phase one • Service all geographic markets and service lines, option for programs focused on clinical outcomes
FINANCIAL AGREEMENT	Free to Health System - Season bills nutritional codes as per patients' insurance	Revenue Generating - Health System bills nutritional codes; Season invoices the system for clinical services and platform. These invoiced fees may have a pay for performance component

A food-as-medicine partnership drives **\$100-150K** in additional revenue per 1,000 engaged patients



Thank you

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