

# **PRODUCE PRESCRIPTIONS**

## *A POWERFUL TREATMENT AND PREVENTION OPTION FOR HEALTHCARE PROVIDERS*

**Statement of:**

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**Ending Hunger in America: Food As Medicine**

**Roundtable, House Committee on Rules**

**September 1, 2021**

Good afternoon Chairman McGovern and distinguished members of the Committee on Rules. My name is Michel Nischan, I am the co-founder and Executive Chairman at Wholesome Wave. Thank you for holding this event and for inviting all of us to participate in this important roundtable discussion on food as medicine, I am honored to be here.

Has your doctor ever told you to eat more fruits and vegetables? Probably. I know mine has. But until now, doctors could only provide the advice, without the resources to act on it. This is a huge distinction, especially if you're struggling with low income.

When the late Gus Schumacher and I founded [Wholesome Wave](#) in the basement of my restaurant, we aligned on one simple belief, and that is the power of fruits and vegetables to change and improve lives. As simple as that sounds, it is absolutely true. As a chef and a father of two children with Type 1 Diabetes, I've learned about that power and really wanted to make the lifestyle changes that were accessible and meaningful to my family, like choosing and eating more fruits and vegetables, available to all families regardless of struggles with low income or poverty. Our core value, and core belief, is that everybody, regardless of race, ethnicity, age, or income, has the right to feed themselves and their families well. And they want to.

Wholesome Wave has been working on nutrition security and learning these things to be true through nutrition incentive programs tied to SNAP since 2007. Our focus on food as a powerful prevention option in healthcare began in 2010, when I learned about an initiative in Ypsilanti, Michigan, where a health center was offering \$5 "Fruit and Vegetable Prescription" vouchers to be redeemed at the local farmers' market with an aim to increase low-income community members' access to local fruits and vegetables.

We believed the power of food as medicine was very real, so we started engaging with, iterating, and nationally expanding these program models to really help highlight that connection, and achieve a proof of concept for good nutrition as a form of diet-related disease prevention and management. We've reached thousands and thousands of patients in dozens of states and territories, from Codman to Crenshaw, Skowhegan to Chicago, and Washington, DC to the Navajo Nation. The one thing that we've learned in all of these places regardless of urban or rural or territorial, they work.

Today Wholesome Wave continues to address **nutrition** insecurity by developing and deploying programs, platforms, and seed funding to support community-rooted health organizations in their efforts to address this horrible lack of affordability and lack of access to healthy food across the

country. The outcomes of this work and the evidence derived are essential considerations for both food and health policy.

Our programs also prove that good food is good health and good business. The redemption of the healthy food prescriptions at farmers markets and local grocers have increased sales and income for both farmers, retailers, their support service supply chain partners, but also provide a robust full-community engagement at these vital neighborhood markets, so that the markets actually look like the entire community, instead of just for those who could afford to participate.

In the years since, we've launched numerous programs across the country. We've expanded the model to be **delivered** at Federally Qualified Health Centers, hospitals, community-based clinics, and more. We have expanded options for **redemption** options to include large-scale grocery stores, Community Supported Agriculture (CSA) programs, mobile produce markets, even online food order and delivery. This approach is now a real movement, spearheaded by innovative healthcare and community-based leaders, in rural, urban, and tribal communities alike.

To-date we have identified over 100 active programs at several hundred sites across the country, many of which are represented by our [National Produce Prescription Collaborative](#). The NPPC is an organized collective to support and leverage Produce Prescription programs and practices as prevention & intervention for diet-related disease through policy and by further embedding these models into healthcare and community food systems.

As my colleagues on this panel will confirm, the impacts of these programs have been impressive and warrant serious consideration by all who wish to improve the health and the lives of vulnerable Americans in a cost-effective way. These programs have been the subject of over 30 studies in peer-reviewed scientific and economic journals just in the last 5 years. These articles have consistently reported on the power of Produce Prescriptions to improve intake of fruits and vegetables, improve overall dietary consumption, reduce the gap between actual consumption and the national daily recommendations, lower weight, lower blood pressure, and lower Hemoglobin A1C — the key biometric indicator used in diagnosing diabetes and its preconditions. What does not show up in these studies, but my colleagues know to be true, is the joy and the dignity factor that these programs create.

With the rapid uptake and promising results of these programs across the country, our priority is to establish the body of evidence that demonstrates the value of Produce Prescription programs and medically-tailored meals in improving health outcomes, customer experience, and improving

the overall healthcare system. We spend a hundred thousand dollars per patient just on dialysis for one year. Three hundred and seventy seven thousand Americans will be on dialysis this year, at a cost of \$49 billion dollars. That's a LOT of fruits and vegetables.

In this vein, we support a CMMI pilot at CMS which includes Produce Prescriptions as a treatment lever in an innovative value-based care model. CMS continues to seek ways to better understand how to systematically identify and respond to the health-related social needs of Medicare and Medicaid beneficiaries in order to reduce total healthcare costs and create better health outcomes. Our experience confirms that Produce Prescriptions help facilitate and accomplish these goals in a cost effective way.

Additionally, we would like to see Produce Prescriptions integrated into federal programs such as Medicare and Medicaid in a sustainable and consistent way. Specifically by providing a Produce Prescription benefit to cover produce and services for members with diagnosed diet-related conditions who have challenges accessing nutritious and affordable food.

Again, Chairman McGovern and members of the Committee, we appreciate your tremendous work and commitment to our country, and for covering this important and powerful issue — I look forward to a fruitful discussion.

## Some Peer-Reviewed Fast Facts About Produce Prescriptions in 2021:

- A pooled sample of 13 studies showed a 22% increase in F&V consumption, equivalent to 0.8 servings/day, a 0.6kg/m<sup>2</sup> BMI decrease, and a 0.8% HbA1C decrease. To further advance and scale, there is a need for well-designed, large, randomized controlled trials in various settings to further establish the efficacy of healthy food prescription programs on diet quality and cardiometabolic health.
  - [Advances in Nutrition, May 2021](#)
- Participants enrolled in a program in North Carolina not only increased their fruit and vegetable purchases but also decreased their sugar-sweetened beverage purchases.
  - [JAMA Network Open, August, 2021](#)
- A program within a primary care clinic in a community-based hospital saw a clinically important reduction in HbA1C equivalent to adding a new medication to their treatment regime. Investigators also found that HbA1C reductions were associated with voucher redemption in adults with Type 2 diabetes.
  - [Journal of Nutrition Education and Behavior, August, 2021](#)
- Just \$10/week for 8 weeks was enough to show a significant reduction in HbA1C in a cohort with diabetes. [HbA1C is associated with substantial costs of care.](#)
  - [Preventive Medicine Reports, May 2021](#)
- A small cohort in Georgia “reported significantly increased total intake of fruits and vegetables, knowledge of fresh fruit and vegetable preparation, purchase of fresh fruits and vegetables from a farmers market, and significantly altered food purchasing practices compared with the control group.”
  - [Health Promotion Practice, June 2021](#)
- In a study reporting on a program in North Carolina, the authors noted that “Produce Prescription Programmes can increase healthy food purchasing among food-insecure people, which may improve chronic disease care.”
  - [Public Health Nutrition, April 2021](#)
- Programs have shown success in changing (improving) attitudes towards fruits and vegetables.
  - [Cureus, March 2021](#)
- Programs have promise for pediatric participants as well, according to the authors “The current study provides evidence that fruit and vegetable prescriptions, easily ordered through EMR systems and provided to all pediatric patients, may have a significant influence on food insecurity and dietary patterns of children living in a low- income, urban community.”
  - [Nutrients, July 2021](#)