



February 8, 2024

DC Greens, Inc.  
810 7th Street NE  
Washington, DC 20002  
(202) 601-9200

Councilmember Christina Henderson  
Chairperson, Committee on Health  
1350 Pennsylvania Avenue, Suite 402  
NW Washington, DC 20004

**Re: Committee on Health Performance Oversight Hearing for DHCF**

Good morning, Councilmember Henderson, members of the Committee on Health, and council staff. My name is Andrea Talhami, and I am the Programs Director at DC Greens, a nonprofit that advances health equity by building a just and resilient food system in the District. I am here to voice my appreciation for DC Health Care Finance's (DHCF) partnership in helping DC Greens maintain our produce prescription program.

Our organization administers a produce prescription program (Produce Rx, or PRx) that provides qualifying adults and children who are Medicaid recipients with a monthly incentive of \$80 to \$120 — based on family size — to purchase fresh fruits and vegetables. Produce prescriptions benefit patients by helping prevent diet-related illnesses and reducing healthcare costs; they also benefit D.C.'s economy by reinvesting PRx funds into the local economy. In 2023, our Produce Rx program enrolled more than 1,600 households throughout the District — who collectively spent more than \$930,000 on fresh fruits and vegetables — and we plan to continue this work in 2024.

Access to vital food as medicine programming through Medicaid has grown substantially over the past two years thanks to support and investment from DC Health Care Finance (DHCF) through their produce prescription grant programs. In 2023, with financial support from DHCF, we were able to offer our program at 18 partner clinic locations across all three of the District's managed care organizations (MCOs). We also introduced a new payment technology that allows participants to receive their PRx funds via a debit card, which can be used at Safeway, Walmart, Giant, and Harris Teeter.

Recent research shows that participation in produce prescription programs can lead to:

- Improved HbA1c levels in individuals with diabetes,<sup>1</sup> improved BMI scores,<sup>2</sup> and lowered blood pressure;<sup>3</sup>
- Increased fruit and vegetable consumption;<sup>4</sup>
- Lower depression scores;<sup>5</sup> and
- Decreased hospitalization and emergency room utilization.<sup>6</sup>

And data on DC Greens' PRx program has shown similar results.

Despite these encouraging indicators and the growing interest for food as medicine initiatives nationwide, current access to produce prescriptions remains small relative to the need in our city. In 2021, 36% of District residents experienced some level of food insecurity and, there is currently a 17-year difference in life expectancy between residents of Ward 8 and Ward 3.<sup>7</sup> This is due almost entirely to diet-related chronic illnesses like diabetes and hypertension — two of the 10 leading causes of death in our city.<sup>8</sup>

To truly increase access and meet the need, DHCF must move beyond grant-based support and work towards integrating these programs into health care delivery and financing systems.

This year, the District has a unique opportunity to redesign our Medicaid system and test innovative strategies for addressing health-related social needs through the 1115 Demonstration Renewal Waiver process. DC Greens supports the work DHCF is leading on the 1115 Demonstration Waiver renewal process, and we urge the agency to include nutrition services as well as other health-related social needs (HRSN) and reentry services in the renewal application DHCF plans to submit later this year.

At DC Greens, we envision a day where access to nutritious food is part of the overall health care system in our city, and we know that DHCF shares that dream. We are excited to continue to work in partnership with the department over the coming years to help us make this vision a reality.

Thank you for your time and consideration.

Sincerely,



Andrea Talhami, Programs Director  
DC Greens

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<sup>1</sup> Susan Veldheer et al., Impact of a Prescription Produce Program on Diabetes and Cardiovascular Risk Outcomes, 53 J. Nutr. Educ. Behav. 1008 (2017), <https://doi.org/10.1016/j.jneb.2021.07.005>; Richard Bryce et al., A Pilot Randomized Controlled Trial of a Fruit

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and Vegetable Prescription Program at a Federally Qualified Health Center in Low-Income Uncontrolled Diabetics, 23 *Prev. Med. Rep.* (2021), <https://doi.org/10.1016/j.pmedr.2021.101410>.

<sup>2</sup> Michelle Cavanagh et al., Veggie Rx: An Outcome Evaluation of a Healthy Food Incentive Program, 20 *Pub. Health Nutr.* 2636 (2017), .doi:10.1017/S1368980016002081.

<sup>3</sup> Jasmine-Yasmine A. Omar et al., Fresh Prescription Program: A Program to Improve Access to Fresh Products Among Underserved Patients in Downtown Detroit, 31 *J. Gen. Internal Med.* S879 (2016); Benjamin York et al., Farming for Life: Pilot Assessment of the Impact of Medical Prescriptions for Vegetables on Health and Food Security Among Latino Adults with Type 2 Diabetes, 26 *Nutr. Health* 9 (2020), <https://doi.org/10.1177/026010601989899.5>.

<sup>4</sup> Ronit A. Ridberg et al., Fruit and Vegetable Vouchers in Pregnancy: Preliminary Impact on Diet & Food Security, 16 *J. of Hunger & Env't Nutr.* 149 (2021), <https://doi.org/10.1080/19320248.2020.1778593>; Seth A. Berkowitz et al., Health Center-Based Community-Supported Agriculture: An RCT, 57 *Am. J. Preventive Med.* S55 (2019), <https://doi.org/10.1016/j.amepre.2019.07.015>; Gus Schumacher Nutrition Incentive Program Training, Technical Assistance, Evaluation, and Information Center (GusNIP NTAE): Impact Findings, Nutrition Incentive Hub (2021), <https://www.nutritionincentivehub.org/media/fjohmr2n/gusnip-ntae-impact-findings-year-2.pdf>.

<sup>5</sup> Kate Cheyne et al., Food Bank-Based Diabetes Prevention Intervention to Address Food Security, Dietary Intake, and Physical Activity in a Food-Insecure Cohort at High Risk for Diabetes, 17 *Prev. Chronic Dis.* E04 (2020), <http://dx.doi.org/10.5888/pcd17.190210>; Benjamin Emmert-Aronson et al., Group Medical Visits 2.0: The Open Source Wellness Behavioral Pharmacy Model, 25 *J. Alternative & Complementary Med.* 1026 (2019), doi: 10.1089/acm.2019.0079.

<sup>6</sup> Julian Xie et al., The Impact of a Produce Prescription Programme on Healthy Food Purchasing and Diabetes-Related Health Outcomes, 24 *Public Health Nutr.* 3945 (2021), doi: 10.1017/S1368980021001828; Benjamin Emmert-Aronson et al., Group Medical Visits 2.0: The Open Source Wellness Behavioral Pharmacy Model, 25 *J. Alternative & Complementary Med.* 1026 (2019), doi: 10.1089/acm.2019.0079.

<sup>7</sup> Learning Life. DC Rich and Poor: A Tale of Two Wards. Learning Life. 2018. Available online: <http://learninglife.info/wards3and8/>.

<sup>8</sup> National Center for Health Statistics. Stats of the District of Columbia 2017. CDC. 2018. Available online: <https://www.cdc.gov/nchs/pressroom/states/dc/dc.htm>.