April 3, 2023

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Councilmember Vincent Gray
Chairperson, Committee on Hospital and Health Equity
1350 Pennsylvania Avenue NW, Suite 406
Washington, DC 20004

Re: Committee on Hospital and Health Equity Budget Oversight Hearing for DHCF

Good Morning Chairperson Gray, members of the Committee, and council staff. My name is Kristin Sukys, and I am the Health Policy Specialist at DC Greens, a non-profit that advances health equity by building a just and resilient food system in the District.

Our organization administers a produce prescription program that provides qualifying adults and children who are Medicaid recipients with $80/month to purchase fresh and frozen fruits and vegetables. Produce prescriptions benefit patients by helping to prevent diet-related illnesses and reducing healthcare costs; they also benefit DC’s economy by reinvesting produce prescription funds into the local stores. Currently, our program serves over 1,300 adults and 900 children throughout the District.

Access to produce prescriptions through Medicaid has grown substantially over the past two years thanks to the support and investment from DC Health Care Finance (DHCF) and their produce prescription grant programs. In 2022, with financial support from DHCF, DC Greens was able to expand our program to three additional clinics, allowing patients to access produce prescriptions at a total of 17 clinic locations across all three managed care organizations (MCOs)) in DC. We were also able to increase the number of Giant locations, our current redemption site, to five locations.

This year, with support from DHCF’s produce prescription grant, we will expanding the program even further to include other major grocers like Safeway and Walmart as we switch to a more scalable program model.

When Mayor Bowser’s budget proposal was released on March 22, DC Greens was ecstatic to see that she recommended allocating $500,000 of local funds to support DHCF’s produce prescription grant program in FY24. We’re happy the Mayor sees the value of produce prescriptions and we urge the Council to as well.
Research shows that participation in produce prescription programs has led to:

- Improved HbA1c levels in individuals with diabetes\(^1\), improved BMI scores\(^2\), and lowered blood pressure;\(^3\)
- Increased fruit and vegetable consumption;\(^4\)
- Lower depression scores;\(^5\)
- And decreased hospitalization and emergency room utilization.\(^6\)

Recently, DC Greens also conducted a local evaluation of our program. Results illustrated that of those who participated in the study, receiving money to purchase fruits and vegetables for their health:

- 39% experienced a reduction in their HbA1c levels;
- 35% saw a reduction in BMI;
- 34% saw a reduction in blood pressure; and
- 75% reported an increase in their fruit and vegetable consumption.\(^7\)

In addition to these encouraging health outcomes, the program fed $250,000 back into the local economy through fruit and vegetable purchases in FY22.

DHCF’s produce prescription grant continues to provide critical funding to operationalize produce prescriptions in the District and the $500,000 will surely help thousands of Medicaid beneficiaries who are navigating chronic conditions while food insecure. Yet, we urge the council to recognize that current access to produce prescriptions remains quite small relative to


\(^{7}\) Socially Determined. Preliminary Findings for Produce Rx Evaluation. (On file with author).
the need in our city.

A survey by the Capital Area Food Bank found that 36% of District residents experienced some level of food insecurity in 2021, but that food insecurity wasn’t evenly distributed across the city. Food insecurity rates for those who identified as Hispanic was 55%, and 50% among those who identified as Black. By contrast, the prevalence of food insecurity was only 13% among respondents who identified as white. We see this disparity even more sharply in health outcomes – there is currently a 17-year difference in life expectancy between residents of Ward 8 and residents of Ward 3. This is due almost entirely to diet related chronic illnesses such as diabetes and hypertension – two of the 10 leading causes of death in our city.

Food is Medicine programming, spanning medically tailored meals, medically supportive groceries, and produce prescriptions should be fully integrated into our health care system in DC. These programs are essential medical interventions that our residents need badly. By making these programs reimbursable services, we will create sustainable funding streams for Food is Medicine providers, improve health, and decrease health care costs.

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 urge the council to support the Mayor’s budget recommendation while also considering the future needs of Food is Medicine programming in the District.

Thank you for your time and consideration of this testimony. Please email kristin.sukys@gmail.com with any questions.

Kristin Sukys
DC Greens

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