June 22, 2022

The Honorable Tom Vilsack  
Secretary of Agriculture  
U.S. Department of Agriculture  
1400 Independence Avenue, SW  
Washington, D.C. 20250

Dear Secretary Vilsack,

As described in our statement of support of the June 1st announcement, the National Produce Prescription Collaborative (NPPC) congratulates you and the entire team at USDA on the robust and immensely important announcement of the Framework for Shoring Up the Food Supply Chain and Transforming the Food System to be Fairer, More Competitive, More Resilient.

Our coalition comprises dozens of Produce Prescription (PRx) program implementers, doctors, payers, researchers, and funders, most of whom are former and current FINI and GusNIP implementing partners who have been championing the power of produce as a clinical treatment since 2019. We maintain a shared goal to establish PRx as a powerful treatment tool for prevention and intervention for diet-related disease by expanding utilization of this effective model in healthcare and food retail systems.

Accordingly, we appreciate the Administration prioritizing $40 million for produce prescriptions in the Gus Schumacher Nutrition Incentive Program (GusNIP). We especially appreciate the immediate timeliness of expanding this program as part of efforts to build resilience in the Nation's food supply chain and modernize our food system. Scaling the PRx prevention and treatment intervention for patients with or at risk of chronic disease will have profound positive impacts on the food system and healthcare, however these benefits will only be actualized if the healthcare system in America incorporates PRx into their standard care practice. The primary impediment to this uptake is scaled studies under a single payer with access to control group data. At this stage of development of the PRx model, targeted micro investments can also help establish confidence in best practices and make small adjustments that help providers be responsive to the needs of their communities.

As you work to implement this investment as laid out in the June 1 NIFA release, we encourage USDA to consider a minor framework adjustment which we believe is within statute as well as within the intent and parameters of the funding source. Based on our experience with hundreds of PRx programs and the scientific research they have produced, the proposed framework will lead to more long-lasting systemic improvements for health equity and nutrition security. We recommend that USDA:

- Dedicate at least 50% of the additional $22.5 million for FY22 projects designed to test scale and reach within standard clinical practice. Specifically, we propose the following framework for these projects:

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○ They should have a funding range of $1.5- $2.5 million with patient cohorts of 500-1,000 patients to ensure a minimum scale relevant to population health departments in the healthcare system.

○ Participating patients should receive $50-$150 in produce each month for at least 10 months. Our experience and current literature suggests that this is an appropriate range to maximize impacts for enrolled patients and their families without waste or excess.

○ These projects should rigorously evaluate meaningful health endpoints, including hemoglobin A-1c, blood pressure, weight, and healthcare utilization.

○ For these projects NIFA should prioritize patient cohorts coming from a single healthcare payer (insurance plan) who has committed to providing data for a control group and follow “Randomized Control Trial (RCT)” research methods as closely as possible. CMS, healthcare industry leaders, and the peer-reviewed literature have consistently confirmed that a strong association of health outcomes and produce prescription exists using the pre/post study design most commonly utilized by GusNIP funded projects. RCT and case-control study designs are frequently cited as a key missing evidence model to expand uptake in healthcare settings.

● Commit 90% of the remaining FY22 funds ($11.25 million) to produce prescription programs ranging from $100,000 to $400,000 that are designed to learn previously unknown facts about program design and continue the establishment of best practices. For example a program in this range could compare cohorts with different levels of prescription or different types of retail fulfillment. Programs of this size are best positioned to help understand more about the nuance of practice within PRx.

● Commit $1.25 million to projects $100,000 and under. Similar to GusNIP Nutrition Incentives, these programs should be designed to seed key strategic investments in enhanced research methods, expanded data collection and management, fulfillment technology, or other key enhancements that have been identified by currently existing programs. These projects should also consider expanding patients’ time on current programs or expanding a successful program to serve more patients.

● Prioritize the $17.5M invested in previous quality applications on the speed of which these applicants are demonstrated to be able to get patients enrolled.

Success in this endeavor will lead to improved equity in the consumption of fruits and vegetables, more families living without the need of insulin or the other immense burdens of diabetes, increased patient empowerment and satisfaction with their care plans, and a bolstered marketplace for the trade of fruits and vegetables. Additionally, as the federal government is undertaking the ambitious but important goal of reducing diet-related diseases by 2030 through the White House Conference on Nutrition, Hunger and Health - scalable and effective PRx policy is critically important.

The NPPC stands by to support implementation, and looks forward to working with the USDA to see that GusNIP produce prescription programs continue to innovate and foster understanding to improve the health and nutrition status of participating households, facilitate growth in underrepresented areas and communities, and advance equity in healthy food access and its associated health benefits. We also believe this is a significant opportunity for interagency collaboration with the Centers for Medicare & Medicaid Services (CMS) and integrated health systems at Veterans Health Affairs and Indian Health Services, to bolster efforts to address the social determinants of health, improve health equity, optimize medical spend and improve health outcomes across the Nation.

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PRx programs are increasingly drawing the attention of public health and medical professionals as a tool to improve patient care. Across the country, PRx has consistently shown to improve intake of fruits and vegetables, increase food security, and improve quality of life (1,2,3,4,5,6,7,8). In the context of over 300,000 annual American deaths from cardiovascular diseases attributable to suboptimal diet and clear evidence of adverse COVID-19 outcomes due to poor diet-related health like diabetes or hypertension, these improvements alone could have a massive impact on patient care and population health. The scientific community has also confirmed the profound notable health impacts from PRx interventions in a variety of healthcare settings in a variety of communities across the U.S., often with some studies identifying impacts analogous to or even surpassing that of prescription drug therapies for cardiometabolic health (9,10,11,12). For example, a recent review found that 11 PRx studies assessed biometrics, including weight or BMI, blood pressure, glycated hemoglobin (HbA1c), blood glucose, and/or blood lipids. Several studies found ≥1 significant improvement, even over the relatively short durations of many of these interventions, with impacts on diabetes management and glucose control (ie, HbA1c) consistently showing beneficial effects (11). What does not show up in these studies, but our community is diligently working on assessing, are the joy and dignity, and overall satisfaction with one’s care plan that these programs consistently deliver.

We sincerely appreciate the entire USDA for the amazing responsiveness to the COVID-19 pandemic and the recognition of produce prescriptions as a timely intervention with high demand in the GusNIP program. This announcement is a very promising pathway to robust, systemic improvement in equity of fruit and vegetable purchase and consumption and their associated health benefits.

Sincerely,

Brent Ling
Chief of External Affairs, Wholesome Wave on behalf of the National Produce Prescription Collaborative

Cc (via email):
Jenny Moffitt, Under Secretary for Marketing and Regulatory Programs, USDA
Dionne Toombs, Acting Director, National Institute of Food and Agriculture
Mallory Koenigs, National Program Leader, National Institute of Food and Agriculture
Suzanne Stluka, Deputy Director, Food Safety and Nutrition, USDA
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Stacy Dean, Deputy Under Secretary, Food, Nutrition, and Consumer Services
Jacqlyn Schneider, Deputy Staff Director/Policy Director, U.S. Senate Committee on Agriculture, Nutrition & Forestry

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Citations:

1. Downer S, Berkowitz SA, Harlan TS, Olstad DL, Mozaffarian D. Food is medicine: actions to integrate food and nutrition into healthcare. BMJ. 2020;369:m2482. doi:10.1136/bmj.m2482


