**The True Cost of Food is Medicine**

**Virtual Congressional Briefing Transcript**

June 29, 2023

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**Link to recording of event:** <https://tuftsfoodismedicine.org/news-and-media/>

**Briefing Agenda Overview:**

1. **Opening Remarks (recorded)**

* **Representative Jim McGovern**, Senior Member, House Committee on Nutrition and Oversight
* **Senator Roger Marshall**, Member, Senate Committee on Health, Education, Labor and Pensions

1. **True Cost of Food: Food is Medicine Report Highlights**

* **Dariush Mozaffarian, MD, DrPH**, Distinguished Professor and Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science and Policy at Tufts University

1. **Panel**

* **Kofi D. Essel, MD, MPH, FAAP**, Assistant Professor of Pediatrics and Director, GW Culinary Medicine Program, The George Washington University School of Medicine and Health Sciences
* **Donna Lawson, MDiv, MA**, Educator, Minister, Food is Medicine Program Participant
* **Sarah Mastrorocco, MBA**, Vice President and General Manager, Instacart Health, Instacart
* **Rear Admiral (Ret.) Fernandez “Frank” Ponds**, U.S. Navy, Nutrition and National Security Speakers Bureau Member, Mission: Readiness

1. **Q&A with Panelists**

**Transcript:**

**Introductory Remarks – *Dariush Mozaffarian, MD, DrPH****, Distinguished Professor and Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science and Policy at Tufts University*

* Welcome to the True Cost of Food is Medicine briefing. This briefing is hosted by the Tufts Friedman School of Nutrition Science and Policy and specifically, our Nutrition Policy Initiative. We're here to highlight a report which I will tell you more about in a minute.
* We are going to have opening remarks from Representative Jim McGovern and Senator Roger Marshall, who I will introduce. I'll tell you briefly about the report for a few minutes, and then we are going to have an excellent panel discussion. I'll introduce our panelists as well. Please note, this briefing is intended solely for educational purposes and no legislation will be discussed.
* We're really pleased to have opening remarks from both Representative Jim McGovern, who's a Senior member of the House Committee on Nutrition and Oversight, and also a long-time champion for thinking about food and nutrition and health and food and nutrition security. And, also from Senator Roger Marshall from Kansas, who's a member of the Senate Committee on Health, Education, Labor and Pensions, or HELP. And, also a physician who really understands and cares about the impact of diet and nutrition on our country, on our healthcare system, on our healthcare spending and is a strong supporter of the concept of food is medicine. I'd like to thank both of them for their continued leadership on these important issues.
* And you'll now hear from Congressman McGovern, and then Senator Marshall

**Opening Remarks - *Representative Jim McGovern****, Senior Member, House Committee on Nutrition and Oversight (recorded)*

* Hi everyone, my name is Jim McGovern and I'm honored to be able to join you today for this important briefing. As a member of Congress, I've spent a lot of time listening to and learning about America's food and health care systems. And I don't need to tell any of you this, but both of those things are broken. On one hand, we have a food system which focuses on unsustainable unhealthy food, which puts profits over people and imports food from halfway around the world instead of halfway down the block. And on the other hand, we have a health care system that really isn't about health care. It's about sick care. Both of these problems can be solved by the work that you are doing here today.
* Poor diets are the leading cause of death and disability in the United States with historically marginalized communities most affected. Poor diets are not only worsening health outcomes across the country, but economic outcomes too. Every year, the direct medical costs of diabetes alone are $237 billion and another $90 billion is lost from reduced productivity. That is why I have been working tirelessly to turn food is medicine interventions into a critical part of America's solution to the staggering health equity and nutrition deficits that we face.
* One example, medically tailored meals, would provide home delivered nutritious meals customized for patients with severe chronic conditions and limitations and activities of daily living. This could save the United States billions and billions of dollars a year and improve health outcomes for individuals in need. Wide scale implementation of medically tailored meals and produce prescriptions is a way to support vulnerable populations, reduce health care spending, and improve health outcomes and health equity. And, we know that these programs can work because they are already in effect in states like Massachusetts where food is medicine interventions are covered through Medicaid waivers.
* It is now essential that we expand these programs at the federal level to individuals who qualify for Medicare. My challenge to all of the advocates attending this gathering, is to demand more from America's policymakers. Demand that they acknowledge the power of food and continue to advocate for food is medicine programs to be implemented across the country. And, to the congressional staff, thank you for your interest in this important topic. Please be in touch with my staffers, Jennifer Chandler and Caitlin Hodgkins, to discuss ways that we can partner to advance this work on Capitol Hill.
* The report being released today, produced in partnership between the Tufts University Friedman School of Nutrition Science and Policy and the Rockefeller Foundation, highlights the kind of policy solutions needed to facilitate and leverage the potential of food is medicine interventions. Now, we need to turn these solutions into reality. If food is medicine interventions were scaled to a national level in the United States, it would not only improve health, but it would save us a boatload of money while we're at it.
* I believe that we can get this done because it is not only the smart thing to do, it's the right thing to do. Thank you again for the incredible research that you are all doing. Now more than ever, we must expand access across the board to a highly effective medicine called, “food”. As policymakers and stakeholders dedicated to the economic security and well-being of our country, we must harness the true power of food as medicine. And I know that together, if we can do that, we can end hunger and we can improve nutrition in this country once and for all. So, thank you again for your work and I look forward to being wind at your back in the months ahead.

**Opening Remarks - *Senator Roger Marshall****, Member, Senate Committee on Health, Education, Labor and Pensions (recorded)*

* Hi everyone, I'm United States Senator Dr. Roger Marshall, representing the great state of Kansas. Congratulations on the release of your new report titled, *The True Cost of Food is Medicine.* You should all be very proud of your hard work that culminated in this report. The teams at both the Tufts Friedman School of Nutrition Science and Policy and the Rockefeller Foundation both did incredible work. This report underscores the need to re-examine health care delivery as we know it.
* As an OB-GYN for nearly 30 years, I can sure attest that food is medicine. Throughout my career, I was surrounded by the best clinical teams that allowed us to deliver high-care, quality health care in rural America. And, part of our success in delivering healthy babies and moms was a healthy diet. OB-GYNs have long recognized the importance of nutrition before, during, and after pregnancy. As we all know, obesity is associated with higher medical complications during pregnancy and delivery. However, we as a nation have lost sight of the most cost-effective preventive source.
* Today, poor diets are the leading cause of death and disability. One in two adults have diabetes or prediabetes, and about three in four are overweight or obese. I believe we can improve the health of our country. That's why I co-founded the Bipartisan Food is Medicine Working Group in Congress. I want to advance policies that support well-being in our communities, reduce health care spending, and improve health care outcomes. One way I'm doing that is through my bipartisan legislation, the Medically Tailored Home-Delivered Meals Demonstration Act. Alongside senators Debbie Stabenow, Bill Cassidy, and Cory Booker, we want to establish a pilot program at CMS to study how medically tailored meals can positively impact Medicare seniors with certain chronic illnesses. I'm encouraged that we can help seniors and save Medicare based on several studies showing medically tailored meals reducing hospital readmission rates while producing cost savings.
* The findings in the report you're discussing today further helps build the evidence on why we need to pilot these programs across our federal payer markets. Another big way I'm advancing food is medicine is by supporting incentives for healthy eating within the SNAP program. Through Double Up Food Bucks and the Healthy Fluid Milk Incentive Program, we're encouraging nutritious, healthy living for low-income families. Thank you so much for inviting me to speak and share my priorities with you today. And remember, please make great nutrition decisions every day. Those are doctor's orders.

**True Cost of Food: Food is Medicine Report Highlights - *Dariush Mozaffarian, MD, DrPH****, Distinguished Professor and Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science and Policy at Tufts University*

* Thank you, again, to Congressman McGovern and Senator Marshall for your support. The videos were a little bit choppy on my end. We will be posting the videos later. The originals do not have that problem, so sorry about that technical snafu. The life with technology.
* I'm going to be going through, now, a high level overview of a new report that has come out from Tufts, from our group, with support from the Rockefeller Foundation entitled, *The True Cost of Food: Food is Medicine Case Study.* This True Cost of Food report builds on previous True Cost of Food reports that have been put out, supported by the Rockefeller Foundation and with which we have been involved, looking at the overall cost of food, the food system, and also the true cost of school meals. This is third report focusing on food is medicine. The full report, we hope, will be released sometime in the next couple of weeks. We are just finalizing last details and when it is finalized, we will send everyone on this call the web link to the full report.
* As has been said, we are really failing the grade on nutrition. More U.S. adults are ill than are healthy. One in two adults have diabetes or pre-diabetes. Three in four have overweight or obesity. If you add cholesterol and blood pressure levels, only one in fifteen adults are actually metabolically healthy, and this starts very young with our teenagers. One in four teenagers have prediabetes, one in four have overweight or obesity, and one in six have fatty liver from excess consumption of nutrients that can turn into fat in the liver. If you look at our average score on nutrition, this is the major driver of all these diseases. The average score on the Healthy Eating Index, which measures adherence to the Dietary Guidelines, is a 58 out of 100. That's an “F”. Fifty-eight out of 100 is an “F.” You don’t have to be a professor to know that. No subgroup in the country by age, or sex, or race, or ethnicity, or income has a score greater than 65. The worst diet quality, the most dire thing I think about when I look at these numbers, is that the worst dietary qualities are in our children ages 5 to 18 years. Overall, poor nutrition directly is estimated to kill 10,000 Americans each week through diet-related illnesses, 10,000, and cause 21,000 new cases of diabetes every week.
* COVID-19 has really put an exclamation point on this. Research has estimated that nearly 3/4 of a million Americans died when they didn't have to because of diet-related diseases like diabetes, obesity and hypertension making COVID-19 much worse. Three-quarters of a million excess deaths that could have been prevented if we had a metabolically healthy population. If you look at the dollar impacts of poor nutrition just on healthcare spending and lost productivity, we lose a trillion dollars every year due to loss per activity and healthcare costs.
* Now, there's also real positives here that this is a major segment of our economy. I don't think this is discussed enough, how important the food sector is for our economy. One in ten jobs in our country are directly supported by the Food and Ag sector. Overall, this sector contributes a trillion dollars to the nation’s economic output and about 200 billion dollars to exports. If you think about racial and ethnic minority communities, food sector businesses are the number one source of new small businesses and new jobs to create economic empowerment in these communities and at the same time, consumers are demanding healthier foods and investors are demanding companies follow environment, social and governance principles, or ESU principles. There's a real potential here for food is medicine to unlock business innovation.
* If you look at our food system today essentially we have a food system that we built very successfully to address the challenges of the last century which were too few vitamins. We had lots of vitamin deficiency diseases in the 1930’s and 1940’s in this country and to address enough calories, we had a booming population globally with the population in the world going from 1.6 billion to 6 billion in just 100 years. So, those are the two major issues of the last century; let's get vitamins to people and let's get calories to people. And we did it. We did it through industrial mono-cropping, and an intensive breeding, and the green revolution combined with pesticides and irrigation and fertilizer, and we did it through vitamin fortification. When you look at the acres and acres of cropnland we have now, successfully producing inexpensive calories and the aisles in the supermarket filled with inexpensive starchy foods fortified with vitamins. Those were the goals of the 20th century, and we were successful. We should not overlook that success. But, what we did unintentionally is create a food system which is causing 21st century problems of metabolic diseases, diabetes, overweight, obesity, inflammation, infertility, or brain health and mental health. And, potentially other conditions such as autism and ADHD even being linked to poor nutrition and an abnormal gut microbiome. We achieved what we intended, but we now need to move forward and achieve what we need now for the 21st century food system.
* What we need to do is think about how this happened in the last century. Over just 50 years, we radically shifted the food system with scientific advances, government action, and private sector innovation. This is a really simple road map, and we can do it again now over, I think just the next 10 or 20 years with combining scientific advances, government action, and private sector innovation. We can reimagine and re-shift our food system.
* Today, we want to talk about one of the most important strategies to do so, to combine research, government policy, and private sector innovation is food is medicine. This pyramid gives an overview of what we mean when we talk about food is medicine. It's a spectrum of food-based interventions that can treat disease and prevent disease in particular populations. Starting at the top with sickest populations who get the most intensive interventions, all the way down to the bottom of the pyramid, the broadest populations for prevention. Now, I want to highlight the word, “treatment,” because people for many years have thought about nutrition as preventative and correctly said, “an ounce of prevention is worth a pound of cure,” and at the same time, food is medicine interventions are treatments. We’re treating disease within months. You can see dramatic improvements, significant improvements in health outcomes of patients with diabetes, and patients with high blood pressure, overweight and obesity, while improving their mental health or physical health, and their economic outcomes as well. This is not just about long-term prevention but acute treatment. Things like medically tailored meals for extremely sick patients, medically tailored groceries and produce prescription programs for a broader number of patients who are not quite as sick, but have diet-related diseases, and then advancing nutrition security in the federal feeding programs are incredibly important, supported by a foundation of population-level healthy food policies and programs. Nutrition counseling and education is an integral part of these food is medicine interventions delivered, often digitally, in a very effective way. If a person gets a medically tailored meal at home or produce prescription at home, this is accompanied by effective and efficient nutrition counseling and education. I'll talk more about medically tailored meals and produce prescriptions as those are the two case studies that are the focus of this report.
* What did we do? We did two case studies looking at what would happen if we expanded two particular food is medicine interventions to specific populations in the country who are in need. What would happen to healthcare outcomes? What would happen to health equity outcomes? What would happen to cost? How much would the programs cost? Would they be cost effective? Would this break the bank? These are the two interventions that we looked at.
* First, we looked at medically tailored meals. Now, medically tailored meals are providing, usually from scratch cooking, home prepared meals to patients who are extremely sick and in and out of the hospital. It's usually 10 meals per week, usually lunch and dinner during the weekdays, and so breakfast you’re on your own and weekends you’re on your own. Those ten meals a week cost about $90.00 per week, all in for the whole program on average looking at costs across the country. The population we looked at was considering all adults who have at least one major diet-related condition, and also have limited activities of daily living which prevent them from being able to go and shop and cook and do all the things. That's about 6.3 million Americans who are extremely sick and have a significant diet-related diseases, and are unable to go about their usual activities. We looked at all coverage. People who are covered by Medicaid, Medicare, or private insurance. We looked at what would happen if we gave these Americans medically tailored meals. What would happen to hospitalizations, health care expenditures, and costs. And, what would be the cost effectiveness of this program at one year and at 10 years? I’m just going to show you, later, the one year results.
* The second case study we did was to look at produce prescriptions. Produce prescriptions are not as intensive, or as expensive, as medically tailored meals. These programs give people electronic vouchers for free or discounted produce, things like fruits, vegetables, but also nuts and seeds, or whole grains or other healthy foods. For this particular produce prescription program, we modeled the potential outcomes of a fruit and vegetable produce prescription program delivered to all eligible Americans through an electronic voucher card like an EBT card or debit card or other cards. There is active technology that can do this. Here, we modeled a population of U.S. adults who are aged 40 to 79 at the start of our evaluation, and who had diabetes and were food insecure. That's about 6.5 million Americans who have specifically have diabetes and are food insecure. They're not quite as sick. They don't necessarily have limited activities of daily living, so they are able to go and shop and cook and take care of themselves and families. We looked at health outcomes like cardiovascular disease, quality-adjusted life-years, and cost and cost effectiveness.
* Here are our key findings. For medically tailored meals, which is very sick, very complicated patients who are in and out of the hospital, in just one year, this program was estimated to prevent 1.6 million hospitalizations. Even after accounting for the cost of the program, this program saved money for the healthcare system, almost $14 billion a year in savings. If you look at the savings, about 3 billion of that would be for private payers, about 3.4 billion would be in Medicare, about 1.7 billion would be in Medicaid, and then about 5.9 billion would be in dual-eligible individuals who are among the sickest Americans in our population.
* The second case study we looked at 6.5 million eligible recipients who, again, here have diabetes, are middle-aged or older adults, and had food insecurity at baseline. Over a lifetime of eligibility, getting the treatment as needed, we estimated that this would prevent nearly 300,000 cardiovascular events. It would generate 260,000 additional life years of productive, healthy life, and it would save $40 billion in healthcare costs. After accounting for the cost of the program, just direct health care costs, this program would be a “best buy.” It wouldn't save overall money, but it's a “best buy” compared to many other things we do costing about $18,000 per quality-adjusted life-year. To put that in perspective, that's similar or cheaper than many, many other things we do in healthcare like blood pressure control and cholesterol control, and cancer screening and so on. As I'll show you in a in a later slide, if we account for the productivity gains, because now you have Americans are being more productive, then for society as a whole this program actually saves money and becomes cost savings.
* The key takeaways of this report that we wanted to highlight for everyone on this call, and also discuss broadly the implications with our panel, are that national implementation of medically tailored meals for 6.3 million Americans with complex chronic conditions and significant activity limitations could prevent 1.6 million hospitalizations and save up to $14 billion every year. National implementation of produce prescriptions for a less sick population, but still a population with diabetes and food insecurity, could prevent 300,000 cardiovascular events over their lifetime with high cost effectiveness and accounting for productivity gains, net societal cost savings. These case studies really support the need for investments and policy solutions to implement and evaluate food is medicine programs more broadly. We need to combine these scientific advances with government policy and private sector innovation.
* There is incredible momentum going on. For folks on the call who are not aware, this is just a summary, one high level summary of all the things that are going on. The National Strategy on Hunger, Nutrition and Health really calls for food is medicine. State Medicaid 1115 and 1915(b) waivers and Medicaid managed care services are supporting these in pilot programs. Medicare Advantage organizations and shared savings programs are starting piloting these. Private healthcare is really investing in food is medicine. The VA and the Indian Health Service have launched pilots on produce prescriptions. CMMI is considering a Medicare pilot on Medically tailored meals. The USDA GusNIP has a pilot program with produce prescriptions. The CDC has incorporated food is medicine into SPAN, HOP, and REACH. The National Strategy has called for universal screening for food insecurity in all federal healthcare. The American Academy of Pediatrics and the American Academy of Lifestyle Medicine have made White House commitments on food is medicine training for physicians. The ACGME, which accredits all residencies and fellowships, has announced plans to institute mandatory nutrition education for all residencies and fellowships by 2026. The NIH has announced a plan to fund Food is Medicine Centers of Excellence like the Cancer Centers of Excellence that have been so successful. The Rockefeller Foundation and AHA have announced $250 commitment to food is medicine research. There's nonprofit coordination going on, including the Food is Medicine Coalition and the National Produce Prescription Collaborative. There are many, many private sector implementers and innovators. This is just a high level overview of some of the things going on, incredible momentum in our nation right now.

**Panel Introductions – *Dariush Mozaffarian, MD, DrPH****, Distinguished Professor and Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science and Policy at Tufts University*

* I'm really pleased to introduce now our panel. First, I want to just go through their introductions and I will bring them on.
* Doctor Kofi Essel is a board-certified community Pediatrician at Children's National Hospital and Assistant Professor at the George Washington University School of Medicine. He also serves as the principal investigator for a family-centered produce prescription program for families in Washington, DC.
* Donna Lawson is an accomplished educator and former school principal who has received medically tailored groceries and nutrition therapy at Food and Friends, a community-based organization in the Washington, DC region. She loves to learn and teach and smile, and she strives to encourage and inspire others, no matter what the subject is or where her life journey takes her.
* Admiral Frank Ponz is a retired Navy Admiral who serves Mission: Readiness’ Nutrition and National Security Speakers Bureau, an elite team of national security experts who are deeply versed on the intersection between nutrition security, health, and military readiness. He recently served on an independent task force of leaders to inform the White House Conference on Hunger, Nutrition, and Health, and he's been a featured keynote speaker at many, many important events. He's going to talk about the implications for national security.
* Sarah Mastrorocco joins us from Instacart where she serves as Vice President and General Manager of Instacart Health. Through Instacart Health, Instacart is leveraging technology partnerships to scale and new ways of expanding access to nourishing food and the power of food is medicine. They’re working with many organizations, healthcare and nonprofit organizations, that leverage Instacart Health technology.

**Panel Discussion - *Dariush Mozaffarian, MD, DrPH****, Distinguished Professor and Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science and Policy at Tufts University;* ***Kofi D. Essel, MD, MPH, FAAP****, Assistant Professor of Pediatrics and Director, GW Culinary Medicine Program, The George Washington University School of Medicine and Health Sciences;* ***Donna Lawson, MDiv, MA****, Educator, Minister, Food is Medicine Program Participant;* ***Sarah Mastrorocco, MBA****, Vice President and General Manager, Instacart Health, Instacart****;*** *and* ***Rear Admiral (Ret.) Fernandez “Frank” Ponds****, U.S. Navy, Nutrition and National Security Speakers Bureau Member, Mission: Readiness.*

* **Dary: First, let's go through in the order I introduced you - Kofi, Donna, Frank, and then Sarah - just one minute on sort of why you care about food is medicine, how and why are you in this space?**
  + **Kofi:** Happy to start it. I'm a community Pediatrician in Washington, D.C. and honestly, I've realized over the years that food has never been given the chance it really deserves. We've seen the power of food and nutrition, I’ve always been interested in this space, and I realized I thought I actually would have to put it to the side when I got to medical school. I thought that doctors don’t really do this kind of work. I realized that when I became a medical student, I found a few mentors who are doing work in this space, and I found that it was very, very valuable work. I knew that this was going to be a part of my career, I actually started diving into this and getting other people interested in this when I started to see that food security, or focuses on other risks outside of just behavior, became a very, very tangible thing that other people are really interested in. So, I started motivating other colleagues and faculty to really start to screen and intervene to address food security more effectively. Later on, I started to develop a produce prescription program and we’re here today, so I look forward to talking more about it.
  + **Donna:** Hi, for me, nutritious groceries addresses my connection between food and my immune system by helping me to find alternative food options and manage my health goals like weight gain, blood sugar, blood pressure, and diarrhea. While food is medicine is not a cure for me, it is a relief of my symptoms of my diseases that thereby afford me the opportunity of living with what I call IPF – Interstitial Idiopathic Pulmonary Fibrosis HIV healthy, in relation to the pursuit of my vocational goals, expectations and the entirety of my existence at this time in my life. Once again, I'm able to enjoy food.
  + **Frank:** Thank you, Doctor Mozaffarian and the team at Tufts, the Rockefeller Foundation, and my esteemed fellow panelists. As earlier stated, my name is Frank Ponds. I'm a retired Admiral, proud to have served more than 33 years in the United States Navy. Over the course of my career, I served around the world, leading talented teams in addressing tough issues in complex and challenging environments. A key take away from the sum of those experiences, was that no matter the level of difficulty or the complexity of the situation, we were always at our best when we were able to achieve unity of effort and that's one of the many things that I deeply appreciate about today's gathering. We have researchers, medical professionals, public officials, and subject matter experts in their respective fields coming together to talk about food is medicine and to highlight that food insecurity is an issue of national security. It is also what I appreciate most about Misson: Readiness. Mission: Readiness is a nonprofit organization of more than 800 retired Admirals and Generals with more than 25,000 years of military education and experience. All of us, united through a common cause to strengthen our nation by ensuring kids stay in school, stay fit, and stay out of trouble. Thank you.
  + **Sarah:** I'm Sarah Mastrorocoo, I’m the Vice President and General Manager of Instacart Health. Thanks for having me. For those who aren't familiar, Instacart is a leading online grocery technology company in North America. We work with 1,200 retailers in over 80,000 stores. Our mission is to ensure everyone has access to food they love and more time to enjoy it together. Instacart Health is a part of Instacart. It was established last September It’s a major initiative to expand access to nutritious food and use our technology and partnerships to educate and inspire people to build healthier habits. For some context, Instacart began working with USDA in 2020 to bring SNAP benefits online. Today, EBT SNAP recipients can go on to Instacart and shop from 100 retailers in 10,000 locations. Our EBT SNAP customers have told us that using Instacart and shopping online can solve obviously access to food, time in transportation, but also reduces stress from budgeting and stigma. Our focus on access. We realized that Instacart can play a broader role in health. We're excited to help expand access to nutritious foods and support food is medicine programs. Today, we're leveraging our technology to scale and power efforts serving as a strategic partner in the healthcare space. When we say scale and reach, we really mean it. We can deliver fresh groceries, personal household goods to over 95% of North American households and that includes 95% of households living in U.S. food deserts. I’m excited to be here today to share more about how our technology can help support food is medicine and just really help food play a larger role in achieving healthy outcomes.
  + **Dary:** Thank you, Sarah. One thing you just briefly touched on and we can return to it time is often our most precious resource. Particularly for lower income Americans, time is one of the most precious resources. Being able to increase efficiency and get food to people to their doorstep, healthy, nourishing food to people, in particular, I think is very important. I want to highlight for the audience that we will have about 10 minutes at the end for questions and answers from you. It will be a curated Q&A where you please put them in the Q&A box and I will see those. Those will be passed on to me by our team and I will then select and ask some of those questions. Starting at about 11:50, we'll dive into those Q&A questions after we go through some questions and discussion with our panel here. Thank you so much. We have such an amazing panel and I think you can just see by the diversity of thought and background and people on this call that food is medicine is not a partisan issue. It's not a crazy issue. This is an incredibly important issue that is right now active and exciting in healthcare, in the military, and people in their everyday lives, in the private sector, in the nonprofit world. This is something that I really hope that, especially the government officials on our on our call, the staffers who are so busy and have joined, and the policy and advocacy experts from other organizations on this ca;; will really take to heart and take seriously and learn more about.
* **Dary: Kofi, returning to you, can you tell us more. You’re a pediatrician, so what's been your experience with food is medicine in Washington, DC?**
  + **Kofi:** Thank you for that question. In D.C., we actually started screening for food insecurity in all of our primary care clinics in 2016. We see more than 40% of the kids in the District of Columbia. One of the things that we initially saw was, I mean our eyes were open. So many of my colleagues came to me and said, “we never knew food insecurity existed at the rates that existed until we started to screen.” I often say, “food insecurity is often invisible and it's ubiquitous everywhere.” Our providers started to see this. In fact, most recent data, we saw that one in three U.S. adults in D.C. were experiencing food insecurity,. So they began to see this and wanted some authentic solutions. The piece of paper that we were handing out, the resource guide, didn't go as far as we would want it to go. Authentic solutions were needed, and we looked for those kinds of solutions. What did we do? Well, we started to team up with some other community-based partners. We teamed up with the YMCA at Metropolitan Washington, American Heart Association, and created a clinical-community collaborative. This collaborative what we call, Flip - the Family Lifestyle Program, was designed to address food and nutrition security and to address diet-related chronic disease through a family-centered lens. This is what we started early on. We created a number of initiatives, but one of them in particular, we called Flip Rx, our produce prescription initiative. Why did we do this? Well, we wanted to focus on families and think about how we can address these conditions in a more effective and longitudinal way. We ended up starting with a smaller population from zero to five and then we extended our outreach to zero to 18. But in doing this work, we worked with local organization, 4P Foods, a local food hub. Gathered fresh produce from farmers locally. Delivered that food to our families every other week for up to a year, initially. We provided virtual nutrition education, provided videos from local families, and families really enjoyed this process over time. It was a big, big part of their improvement in food security, decrease in severity, and number of other outreaches as well, so look forward to sharing more, if interested.
  + **Dary:** Thank you, I think that the experience you've shared in Washington, D.C, serving 40% of kids in the Washington, DC area through these clinics, highlights that to get it going you have to go and get philanthropy and piece-meal funding and kind of put it together. Rather than just having a system where it makes sense, and you write a prescription, and it is covered by effective resources like all the other things, as a cardiologist that you and I do in healthcare. We write prescriptions and patients go to a pharmacy and get their drugs. Imagine, patients being told they need to eat healthy, here's the prescription for eating healthy, and there's no place to fill that prescription. That's what most Americans today face. They're being told to eat healthy and there's nowhere to fill that prescription and we have to kind of change that system.
* **Dary: Thinking about that experience and experience of someone who's been in that system themselves. Donna, can you share how you became engaged with Food and Friends?**
  + **Donna:** I'm a patient at Inova, Fairfax, Virginia Hospital’s Advanced Lung Disease and Transplant Program. The Advanced Lung Disease (ADL) Program offers me a specialized interdisciplinary team that understands the needs of patients of all phases of lung disease. The collective unit, Inova Lung Services team, works as a cohesive unit which also includes a Social Worker and a Dietitian. Every program visit, I am asked to complete an assessment questionnaire. One of the many questions asked of me, one in particular, is the question, “Am I afraid that my food will run out before the end of the month and that I will not have food or enough food to eat?” To this question I answered, “yes.” In addition, the side effects of my medication are particularly weight loss. My weight was plummeting, and plummeting rapidly. Immediately, the ALD Department Program scheduled me for a visit with the Dietitian who reviewed my medical information to include my patient assessment, conducted with the Social Worker, and scheduled me for a visit. Through their coordinated efforts, they speedily released my information, which documented my illness, eligibility, and need for services from Food and Friends and coordinated along with the ALD team. Subsequently, the coordinator of Food and Friends contacted me and within weeks, groceries were delivered to my door and my nutritional counseling began shortly thereafter and continues today. The process was relatively quickly. My paperwork was completed the end of December, and by the 1st of January my welcome New Year present was groceries delivered to my door.
  + **Dary:** That's an amazing story that, unfortunately, I think many Americans don't have the advantage of. Those teams, the RD, the access to Food and Friends or a similar organization near them that can then take that healthcare need and access it. And so having myself, I think you said you have Idiopathic Pulmonary Fibrosis, having cared for patients, myself, with that condition it's a very severe debilitating condition. So, just congratulations to you. Congratulations for being on this call and not being on oxygen right now. Congratulations, that's remarkable. I think that your story, where we want to go is not wait 20 years to have this be kind of programs that all Americans can access but let's get this going. Let's figure this out. We've shown that this is cost effective or even cost savings in our new report. Let's move this forward for more Americans. Thank you for that.
* **Dary: Frank, so hard to call you Frank rather than Admiral, but you told me to do that. What is the relationship? You talked about national security, how is good nutrition a national security issue?**
  + **Frank:** I am so touched by Donna’s story. So, so touched. Let me move this from an individual lens to an institutional lens. At Mission: Readiness, members like me are afforded opportunities to leverage that sum of experiences that I talked about earlier, to advocate for evidence-based investments. Investments that we know will set our young people up for successful lives and careers. As indicated in the food is medicine case study, we know that poor nutrition and food insecurity are major drivers of poor health outcomes and excess healthcare spending in the United States. When you pull that thread, you will find a clear connection between poor nutrition, food insecurity, and national security. Allow me to expand on that statement, if you will. Today 1/3 of young adults between the ages of 17 and 24 could not qualify for military service due to excess weight alone. When other behavior and education-related factors are included, 77% of youth could not meet the basic qualifications for service in our United States Armed Forces. Let me repeat that for emphasis. Nationwide, 77% of youth between the ages of 17 and 24 cannot, and do not, qualify for military service. This is an increase from the 2017 ineligibility rate, which was at 71% at the time. As you can see, we are trending in the wrong direction. If we are serious about making a change, then we must not wait, nor can we wait, to invest in evidence-based programs that can help address the root causes of military ineligibility, including obesity.
  + **Dary:** Well, the statistics are staggering. You talk about fighting with one arm tied behind your back. When you have 77% of Americans not able to qualify, and overweight and obesity being the leading medical disqualifier, it’s not only one arm tied. It’s three limbs, three or four limbs are tied behind our back right now, and getting worse. The other thing that I’ve heard from colleagues at the Department of Defense is when the Americans who are able to enter the military finally get in and qualify, they are among the most fit Americans that we have. And yet when they become veterans, they're the least healthy and least fit. Somewhere along that chain, we also need to think about how we take care of the nutrition and fitness of our active forces and then our Veterans who have served our nation.
* **Dary: Sarah, thinking about Instacart Health, which is a separate, new addition within Instacart’s broader platform. What role do you envision Instacart Health playing, what have you played so far, and what are really the takeaways for the business case? Is this just bleeding heart Liberals saying we should get healthy people to people or is there a business case to make here for food is medicine interventions?**
  + **Sarah:** Instacart Health is a natural extension of our business. Every day we work to help billions of people put food on the table. Now, we're working directly with providers, and insurers, employers, and nonprofits to build programs and increase access to food and nutritious food. We're playing the role of collaborator and technology infrastructure and I’ll make that real with a few examples today. Recent announcements include, WellCare of Kentucky is offering personalized nutrition coaching, which we talked about the importance of, from Good Measures. That includes tailored meal plans and Instacart food deliveries to couple with that and helps address complex issues like diabetes and obesity for Kentucky Medicaid members. The Cleveland Clinic just started using Instacart fresh funds stipends as part of a new employee weight management program. The Partnership for Healthier America is using Instacart fresh funds to give monthly produce prescription stipends for participants to buy fresh produce from local stores on Instacart as part of its Good Food for All program. There's three examples in practice. Also, we announced a lot of research with academic medical centers across different areas of diet-related disease. Stanford Cancer Institute and UCSF are examining unique nutritional needs for colorectal cancer survivors with Instacart technology helping. Mount Sinai is studying the impact of produce prescription programs for patients with gastrointestinal disease who also face food security. University of Buffalo has announced they’re testing nutrition intervention program with Instacart for families with young children at risk of obesity. Those are all active things that we are testing, we’re working to develop the infrastructure for those programs. We know healthcare leaders including you, Dary and Tufts, have done so much research to show the return on investment. The cost effectiveness and reducing health care costs. At Instacart, the studies that we're able to share now, are our study in 2022 led by No Kid Hungry and the University of Kentucky showed leading indicators for health. Families with low income who shopped online through Instacart, had help with delivery costs, and nutrition education coupled with that, purchased more vegetables. Up to $6.84 per week while staying on a budget compared to those that shopped in-store. We also, they also cited again that it helped stretch their budgets, it decreased stigma especially if they’re shopping with SNAP, and reduced the stress of transportation and mobility and time. It was especially true for new parents and parents with young children. Online grocery, whether it's delivery or pick-up, we believe can play a powerful role in supporting health. And then finally, let's say in addition to that direct research, we'll continue to collect learnings. We've been over decade at Instacart and we learned a lot about how people buy their groceries and how they want to eat. I really do think that's important and relevant for food is medicine. We know it's important to meet people where they are, and we know people trust their local grocery stores and they like to choose the groceries whether it online or in-store. Embracing that local trust and choice with produce prescriptions and medically tailored groceries, we think can be very powerful in creating that the long-term sustainable, healthy habits that we're all trying to do.
  + **Dary:** Thank you. Thank you so much for that work and for raising the issue of kind of the local economy. We don't have, we could have had, a local farmer or a local grocery store owner on the panel as well. These programs are also about supporting food systems and building support for food systems and building support for the healthy foods that we all have. We're starting to weave here a tapestry, I hope, for those listening of what's going on and interest and activities. Yet, that tapestry is pretty piece-meal and pretty frayed around the edges right now. It is not the role of government to solve every problem, but it is absolutely the role of government to identify what's going on in the country, what's exciting, what's promising and be sure, first, to remove government barriers that are preventing these programs from moving forward. And there are governments barriers in the way our healthcare system works right now to have health care pay for this. Then using the existing investments, using existing dollars we're already spending on healthcare, we don't have to spend more dollars on healthcare, we can even spend less, make sure those healthcare dollars can be used for these programs. The average cost of health care in our country for a family of four is $48,000 per year, is what we're spending on a family of four. That's more than the average family of four spends on their housing, transportation, food combined. Let's take some of those dollars we are already spending and make sure to look at what's happening, what’s exciting and catalyze it, and stimulate it and take away the barriers. Let the market do its magic. We're already at 11:53. We have other questions that we had curated to ask you, but we also have questions from the panel. I think I'm gonna turn to some questions from our audience. Please put this into the Q&A and I'm getting them, curated.

**Q&A with Panelists**

* **Dary: Question for Kofi. What kind of role do you think improving food and nutrition security can do, not only for kids, but for maternal outcomes for mothers from high risk. You know, we just heard this story about an Olympic athlete, Olympic track star, dying during childbirth in Georgia. If you didn’t hear about the tragic story. What kind of impact do you think good nutrition can have on maternal outcomes?**
  + **Kofi:** Yeah, great question. I think we know that food and nutrition are impactful in a variety of different forms and fashions. I think when you stabilize one's food security, when you stabilize one’s ability to access and strengthen one’s nutrition security, it improves overall health. We can say that we've seen it time and time again and I think that's just another example that we would hope there's a direct connection there as well. I don't think we can create a one-to-one connection just yet, but there is something there I think for sure to think about how we can provide this added benefit for families to secure one’s overall health. I think when you think about families that are struggling around food security or challenges around getting foods, we know that it hinders their ability to focus on many things and we know it limits one's cognitive bandwidth. In a family that's struggling and stressed out, as well as having these challenges with food, it can't help that growing baby grow and develop well. It's gonna impact one's health and we know.
  + **Dary:** Yeah, and this is the kind of research question that a well-resourced NIH could really help address with cutting edge research.
* **Dary: Donna, there's a question for you. Based on your own experience, what could improve? What could we do to further improve these initiatives as a whole?**
  + **Donna:** I'll start with this. Food is love and it's joy. Food is nutritious and eating should be both joyous for the soul and nourishing for the body. This means that human beings should have wide access to different foods. We shouldn't politicize foods and believe that certain human beings deserve joy in eating while others do not. That's what I believe about food is that we should have a wide access to different nutritious foods.
  + **Dary:** Has food is medicine, has that been a solution to help get you toward that joy and nourishment for your body and soul?
  + **Donna:** Oh, absolutely, absolutely. For me, it has. For me, food and friends addresses my connections between food and my immune system by helping me to find alternative food options and manage my health goals, like weight gain, blood sugar, blood pressure, and diarrhea. Since you know part of the Food and Friends program is working with the nutritionist, I've been able to stabilize my weight and I've been able to eat and enjoy food again, which is absolutely wonderful.
  + **Dary:** Thank you. That's amazing. Yeah, and. And as you said, it's, it's not only health, but it's joy and a feeling of wellness that all Americans should have.
* **Dary: Sarah, this is a question for you. Beyond fruits and vegetables, are their plans or is there ongoing work about including other healthy food? Specifically, one was mentioned about yogurt, but certainly we can also talk about nuts, or seeds, or beans, or other fruits and vegetables.**
  + **Sarah:** We’re already doing that today. We talked about the technology is ready to help to digitize food is medicine programs. We’re making it easy to disperse customized dietary specific funds and Dary, we're working together on that. Instagram is a platform, not the expert. We take expert advice and digitize that advice. If we wanted a special diet with our fresh funds or care cards, we really believe in the power of medically tailored groceries, coupled with medically tailored meals. Because again, what are you having for breakfast? Is it yogurt with fruit, or can we get steel cut oats? We’re excited about the opportunity for medically tailored groceries and Instacart to help educate, enable, and inspire people to get access to those based on the advice of healthcare professionals.
  + **Dary:** Fresh funds can be used for a broad category of medically tailored, medically appropriate groceries that people choose for themselves.
* **Dary: A question for Frank, this might be our last question before we have to close. I really wish we could keep chatting, but anyone on the panel whose interested in those topics, please contact us and we also put you in touch directly with the panel. Looking at the success Mission: Readiness has achieved so far, like for example the Healthy, Hunger-Free Kids act other things, looking at food is medicine, what do you hope to accomplish in the future?**
  + **Frank:** Yes. Well, I know there are four key issues that we are focusing on. The first one is to increase access to available resources. The second one is to reduce these entry barriers that a lot of military families they have when they want to join these programs. The third one is how do we eliminate the stigma of individuals and their families walking to the door, entering that door, and saying, “listen, I need help from these programs.” The last thing would be this. We need to enable these types of programs to cross the finish line of all our installations where our military families are stationed. Not just here, but also abroad. I think if we do those four things, and work collectively to achieve unity of effort, not only we will achieve success, but it will be measurable and meaningful. Thank you, Dary.

**Closing Remarks – *Dariush Mozaffarian, MD, DrPH****, Distinguished Professor and Jean Mayer Professor of Nutrition, Friedman School of Nutrition Science and Policy at Tufts University*

* **Dary:** Thank you so much. Well, thank you so much to everyone who's joined. To giving an hour of your time on relatively short notice. We organized this briefing and announced it relatively recently. We will put the full recording online and make it available for those who want to share it with colleagues. Please share it widely. Please feel free to contact us at Tufts directly. Maybe, Julia you can put in your e-mail or my e-mail directly for everyone to contact us if they have more questions. Thank you so much to Congressman McGovern and Senator Marshall for co-hosting this with us with your opening remarks. Thank you to the Rockefeller Foundation for their support and really, really, really thank you to our panelists for everything that you're doing. For each of you, for Kofi, to Frank, to Sarah, to Donna, everything that you're doing in your lives generally, but also around food is medicine is just really inspiring to hear. I really look forward to continuing this conversation with everyone. Thank you, everyone, and thank you, everyone, for joining.