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HB 1352 Health and Wellness Standards – Correctional Facilities
House Judiciary Committee **March 9, 2022**

FAVORABLE

I am a practicing physician, a graduate of the University of Maryland School of Medicine, and the Johns Hopkins Bayview Medical Center Internal Medicine Residency Program. I am board certified in internal medicine and addiction medicine.

Correctional facilities are an ideal setting to introduce healthy and appealing food options that would otherwise not be available. The training and tracking components of this bill are also important.

Most of the common chronic diseases that have become epidemic can be considered as 'food borne illnesses' and can be treated and prevented with healthy food to a very large extent. Offering healthy plant–based meals can be expected to reduce health care costs.

The American Medical Association Healthy Food Options in Hospitals resolution (adopted June 2017) (Excerpt, emphasis added):
". . . Our AMA hereby calls on all Health Care Facilities to improve the health of patients, staff, and visitors by: (a) providing a variety of healthy food,
including plant-based meals, and meals that are low in saturated and trans fat, sodium, and added sugars; . . . "
https://policysearch.ama-assn.org/policyfinder/detail/processed%20meat?uri=%2FAMADoc%2FHOD.xml-0-627.xml
The American College of Cardiology Planting a Seed: Heart-Healthy Food Recommendations for Hospitals.

According to the American College of Cardiology, in their monograph
'Planting a Seed: Heart-Healthy Food Recommendations for Hospitals,'
https://www.acc.org/membership/sections-and-councils/prevention-of-cardiovascular-disease-section/about-us/section-sub-groups/features/hospital-food-program
(Excerpt, emphasis added):
"Many nutrition plans have been developed to improve cardiovascular health and reduce risk factors, including the Dietary Approaches to Stop Hypertension (DASH) diet, vegetarian and vegan diets, modified "Mediterranean" diets, macrobiotic diets, and others. What they have in common is an emphasis on vegetables, fruits, grains, and legumes, reduced consumption of animal fats, and moderation in sodium intake. **Observational and intervention studies have shown that, to the extent**

that plant-based foods play a bigger role in the diets of populations and individuals, health benefits follow."

The marked reduction in chronic disease, including heart disease and cancer, associated with plant based diets are born out in large scale epidemiologic studies, in vitro studies, and in randomized controlled trials in humans. A few examples of the latter type of evidence follows:

SELECTED RANDOMIZED CONTROLLED HUMAN TRIALS OF PLANT-BASED DIETS:

A low-fat vegan diet and a conventional diabetes diet in the treatment of type 2 diabetes: a randomized, controlled, 74-wk clinical trial.' Barnard ND et al, American Journal of Clinical Nutrition 2009 May;89(5):1588S-1596S. 99 diabetics were randomly assigned to a low-fat vegan diet vs. the American Diabetes Association (ADA) diet. **The average blood sugar dropped in the vegan group by -0.40 vs 0.01 in the ADA group** (P = 0.03). **Total cholesterol dropped in the vegan group by -20.4 vs. -6.8 in the ADA group.** (P = 0.01): https://academic.oup.com/ajcn/article/89/5/1588S/4596944

A Low-Fat Vegan Diet Improves Glycemic Control and Cardiovascular Risk Factors in a Randomized Clinical Trial in Individuals With Type 2 Diabetes Barnard ND et al. Diabetes Care 2006 Aug; 29(8): 1777. 148 diabetes were randomly assigned to a low fat vegan diet vs. the American Diabetes Association (ADA) diet. **Average blood sugar fell 1.23 points in the vegan group compared with 0.38 points in the ADA group** (P = 0.01). **Body weight decreased 6.5 kg in the vegan group and 3.1 kg in the ADA group** (P < 0.001). Among those who did not change lipid-lowering medications, LDL cholesterol fell 21.2% in the vegan group and 10.7% in the ADA group (P = 0.02). After adjustment for baseline values, urinary albumin reductions were greater in the vegan group (15.9 mg/24h) than in the ADA group (10.9 mg/24 h) (P = 0.013).
https://care.diabetesjournals.org/content/29/8/1777

'A low-fat vegan diet elicits greater macronutrient changes, but is comparable in adherence and acceptability, compared with a more conventional diabetes diet among individuals with type 2 diabetes.' Barnard ND, et al. Journal of the American Dietetic Association 2009 Feb;109(2):263-72.
99 diabetics were randomly assigned to a low fat vegan diet vs. the American Diabetes Association (ADA) diet.
At 22 weeks, 44% of the ADA group were adherent to the diet, vs. 67% of the vegan group. (P=0.019). At 74 weeks there was no difference between the groups in ratings of acceptability of the diet.
http://www.ncbi.nlm.nih.gov/pubmed/19167953

Respectfully,

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