Katherine Rediger, MSN, CRNP
D. R. Bailey Miles, MD

Author Affiliations: Johns Hopkins Community Physicians, Johns Hopkins University, Baltimore, Maryland (Rediger, Miles); School of Nursing, Johns Hopkins University, Baltimore, Maryland (Rediger); School of Medicine, Johns Hopkins University, Baltimore, Maryland (Miles).

Corresponding Author: D. R. Bailey Miles, MD, Johns Hopkins Community Physicians, Johns Hopkins University, 1000 E Eager St, Baltimore, MD 21202 (dmiles9@jhmi.edu).

Conflict of Interest Disclosures: None reported.

1. Berkowitz SA, Terranova J, Randall L, Cranston K, Waters DB, Hsu J. Association between receipt of a medically tailored meal program and health care use. *JAMA Intern Med*. 2019;179(6):786-793. doi:10.1001/jamainternmed.2019.0198

2. Mozaffarian D, Mande J, Micha R. Food is medicine—the promise and challenges of integrating food and nutrition into health care. *JAMA Intern Med*. 2019;179(6):793-795. doi:10.1001/jamainternmed.2019.0184

3. Rediger K, Miles DRB. Clinical-community partnerships to reduce food insecurity among high-need, high-cost Medicaid patients. *Ann Intern Med*. 2018;169(7):490-491. doi:10.7326/M18-1104

4. What is the "wrong pockets problem"? Urban Institute Pay for Success Initiative. https://pfs.urban.org/faq/what-wrong-pockets-problem. Published June 12, 2017. Accessed July 22, 2019.

In Reply We appreciate the thoughtful letter from Rediger and Miles regarding our study[1] and offer a few additional points. Given the importance of nutrition for health, we share the view that a broad range of nutrition options should be available to patients. In our view, medically tailored meal programs are one important tool that we hope becomes more widely available.

Improving our knowledge regarding interventions to address food insecurity is an ongoing process, but we believe that implementation of existing interventions can cooccur with the further expansion of this evidence base. For example, Community Servings, in partnership with the Center for Health Law and Policy Innovation at Harvard Law School, is leading the development of a Food is Medicine State Plan in Massachusetts.[2] The goal of this plan is to not only address the nutritional needs of individuals through the health care system, but also to foster education, advocacy, and systems change regarding nutrition needs. An opportunity to help put this plan into action is coming in January 2020, when the Massachusetts Medicaid system will introduce financing mechanisms that allow for a broad array of beneficiary nutrition services, including medically tailored meals in appropriate circumstances. Nationwide, a major opportunity for similar work is that Medicare Advantage plans now have the ability to cover nutritional services via changes enacted in the Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act.[3]

Although meeting individual-level health-related social needs, such as food and nutrition, is a vital component of care, we also think it is important to view unmet health-related social needs as the end result of many social and environmental factors that affect health. Addressing these social determinants of health goes beyond clinical programs for individuals and requires collaboration among health care systems, public health systems, government, human services organizations, local communities, and families. Ultimately, we think it is critical not only to provide the appropriate services for those in need, but also to understand, and address, why health-related social needs arise.

Seth A. Berkowitz, MD, MPH
Jean Terranova, JD
John Hsu, MD, MBA, MSCE

Author Affiliations: Division of General Medicine and Clinical Epidemiology, Department of Medicine, School of Medicine, University of North Carolina at Chapel Hill (Berkowitz); Center for Health Equity Research, Department of Social Medicine, School of Medicine, University of North Carolina at Chapel Hill (Berkowitz); Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill (Berkowitz); Community Servings Inc, Boston, Massachusetts (Terranova); Mongan Institute, Massachusetts General Hospital, Boston (Hsu); Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts (Hsu).

Corresponding Author: Seth A. Berkowitz, MD, MPH, Division of General Medicine and Clinical Epidemiology, Department of Medicine, School of Medicine, University of North Carolina at Chapel Hill, 5034 Old Clinic Bldg, CB 7110, Chapel Hill, NC 27599 (seth_berkowitz@med.unc.edu).

Conflict of Interest Disclosures: Dr Berkowitz reports receiving grants from the Robert Wood Johnson Foundation. Dr Terranova reports being an employee of Community Servings and receiving payment from the organization. Dr Hsu reports receiving grants from the Robert Wood Johnson Foundation through Community Servings.

1. Berkowitz SA, Terranova J, Randall L, Cranston K, Waters DB, Hsu J. Association between receipt of a medically tailored meal program and health care use. *JAMA Intern Med*. 2019;179(6):786-793. doi:10.1001/jamainternmed.2019.0198

2. Massachusetts Food is Medicine Coalition. https://foodismedicinema.org/. Accessed June 7, 2019.

3. Willink A, DuGoff EH. Integrating medical and nonmedical services—the promise and pitfalls of the CHRONIC Care Act. *N Engl J Med*. 2018;378(23):2153-2155. doi:10.1056/NEJMp1803292

CORRECTION

Funder and Disclaimer Added: In the Research Letter titled "Association of Health Status With Receipt of Supplemental Security Income Among Individuals With Severe Disabilities and Very Low Income and Assets,"[1] published online April 1, 2019, and in the June print issue, a funder and disclaimer were added. This article has been corrected online.

1. Sonik RA, Parish SL, Mitra M. Association of health status with receipt of Supplemental Security Income among individuals with severe disabilities and very low income and assets. *JAMA Surgery*. 2019;179(6):842-843. doi:10.1001/jamainternmed.2018.8609

Correction to Number in Abstract: In the Original Investigation titled "Financial Implications of 12-Month Dispensing of Oral Contraceptive Pills in the Veterans Affairs Health Care System,"[1] published online July 8, 2019, in the Abstract, the cohort size was incorrectly given in one instance as 240 309; the correct value is 24 309. This article was corrected online.

1. Judge-Golden CP, Smith KJ, Mor MK, Borrero S. Financial implications of 12-month dispensing of oral contraceptive pills in the Veterans Affairs health care system [published online July 8, 2019]. *JAMA Intern Med*. doi:10.1001/jamainternmed.2019.1678

Error in References: In the Viewpoint titled "The Ketogenic Diet for Obesity and Diabetes—Enthusiasm Outpaces Evidence,"[1] published online July 15, 2019, reference 2 was incorrect. This article has been corrected online.

1. Joshi S, Ostfeld RJ, McMacken M. The Ketogenic diet for obesity and diabetes—enthusiasm outpaces evidence [published online July 15, 2019]. *JAMA Intern Med*. doi:10.1001/jamainternmed.2019.2633

Errors in Figure Headings: In the Original Investigation titled "Association of Weight Loss Interventions With Changes in Biomarkers of Nonalcoholic Fatty Liver Disease: A Systematic Review and Meta-analysis," published online July 1, 2019,[1] there

were errors in Figure headings. For Figures 2-4, the heading "Mean Difference in Weight, kg (95% CI)" should have been "Mean Difference in ALT U/L (95% CI)," "Standardized Mean Difference in Steatosis (95% CI)," and "Mean Difference in NAS (95% CI)," respectively. This article was corrected online.

1. Koutoukidis DA, Astbury NM, Tudor KE, et al. Association of weight loss interventions with changes in biomarkers of nonalcoholic fatty liver disease: a systematic review and meta-analysis [published online July 1, 2019]. *JAMA Intern Med*. doi:10.1001/jamainternmed.2019.2248

Error in Title of Table 2 and Rewording of Conflict of interest Disclosures: In the Original Investigation titled "Diagnosis and Management of Primary Hyperparathyroidism Across the Veterans Affairs Health Care System," published online July 15, 2019,[1] the word "Hyperthyroidism" in the title of Table 2 should be replaced with "Hyperparathyroidism." Also, the corresponding author's Conflict of Interest disclosures should be reworded to conform to the standard language required by the Department of Veterans Affairs to read as follows: "Dr Makris reported receiving grants from Baylor College of Medicine Department of Surgery and support from the Department of Veterans Affairs, Veterans Health Administration, Office of Research and Development, and the Center for Innovations in Quality, Effectiveness and Safety (CIN 13-413), Michael E. DeBakey VA Medical Center, during the conduct of the study." This article was corrected online.

1. Alore EA, Suliburk JW, Ramsey DJ, et al. Diagnosis and management of primary hyperparathyroidism across the Veterans Affairs health care system [published online July 15, 2019]. *JAMA Intern Med*. doi:10.1001/jamainternmed.2019.1747