



Health Care  Food



December 2025 Newsletter

[healthcarexfood.org](https://healthcarexfood.org)

[Sign up for the newsletter](#)

## Celebrating Momentum: Food Is Medicine at the Heart of Health Care

Just over three years ago, in [September 2022](#), the American Heart Association launched its [food is medicine](#) initiative with the goal of incorporating healthy food into health care for people with chronic disease or at high risk. A little more than a year later, in January 2024, the Heart Association announced [Health Care by Food](#)<sup>™</sup> as the permanent identity of the initiative while simultaneously [awarding](#) 19 grants for research projects nationwide to identify approaches for incorporating healthy food into health care delivery to treat, manage and prevent diet-related chronic diseases burdening this country.

With foundational support from The Rockefeller Foundation, Health Care by Food (HCXF) has demonstrated its expansive progress in a short amount of time, including a major presence at the Heart Association's [Scientific Sessions 2025](#)—a premier global exchange of the latest scientific advancements, research and evidence-based clinical practice updates in cardiovascular science.

At Sessions, the Heart Association amplified the HCXF initiative as a mission-critical priority and elevated its focus on scientific discovery, public policy advocacy and education. One highlight was the first-ever Food Is Medicine Pavilion in the Sessions exhibit hall, where researchers showcased late-breaking science from HCXF-funded clinical studies, patient advocates shared personal stories about the importance of nutritious food in health care and a pitch contest spotlighted innovative research ideas for the greatest impact in the food is medicine field.

It is with great pride that we share a summary of HCXF activities during Scientific Sessions 2025 in this year-end newsletter, with deep appreciation for our collaborators and funders for helping to focus on the integration, implementation, scalability and sustainability of food is medicine as a reimbursable benefit within health care. We're

excited to continue this remarkable progress in 2026 as we journey on with rigor in research, relentless advocacy efforts and the drive to ensure that all people have access to nutritious food as part of their health care.

Wishing you and yours a healthful holiday season, with my gratitude,



Lisa D. Sanders  
National Executive Director  
Health Care by Food

---

## Food is medicine research, implementation strategies and patient experiences showcased at Scientific Sessions 2025

---



---

Dr. David D. Kim, assistant professor of medicine and public health sciences at the University of Chicago, discusses his Health Care by Food-funded quantitative analysis to inform priorities for food is medicine research at Scientific Sessions 2025. (*American Heart Association*)

[Health Care by Food](#)<sup>™</sup>(HCXF), hosted a dynamic food is medicine (FIM) program at the American Heart Association's 86th annual [Scientific Sessions](#), held November 7-10 in New Orleans. The first-ever Food Is Medicine Pavilion at Sessions set the stage to showcase HCXF's comprehensive efforts to incorporate healthy food into health care—a transformational approach to treat, manage and prevent chronic diseases. The conference drew around 13,800 attendees, including researchers, clinicians and experts from across the globe and hosted a record-breaking 4,432 scientific abstracts. HCXF's robust research progress was a notable presence throughout the four-day event.

"These HCXF trials showed that relatively simple changes in the food that we buy, the conversations that we have as families, can have just as big an impact on your health, your blood pressure, your cholesterol, your freedom from heart failure as switching from one medication to another medication— and that's amazing," said Joanna Chikwe, MD, FRCS, FAHA, during the Heart Association's [Connect with the CEO](#) post-Sessions broadcast. Dr. Chikwe is professor and chair of cardiac surgery at the Smidt Heart Institute at Cedars-Sinai and chair of the Association's 2025 Committee on the Scientific Sessions Program.

Two late-breaking science studies funded by HCXF demonstrated significant research findings that have the capacity to alter the way clinical practice is conducted.

1. [DASH-patterned Groceries Reduce Blood Pressure \(GoFresh Trial\)](#)

Presented by Stephen Juraschek, MD, PhD, associate professor of medicine at Beth Israel Deaconess Medical Center and Harvard Medical School, this randomized clinical trial examined whether home-delivered groceries aligned with the DASH (Dietary Approaches to Stop Hypertension) diet, combined with dietitian counseling, could lower blood pressure among Black adults living in Boston-area food deserts. Results of this study were simultaneously published in [JAMA](#).

Key Findings:

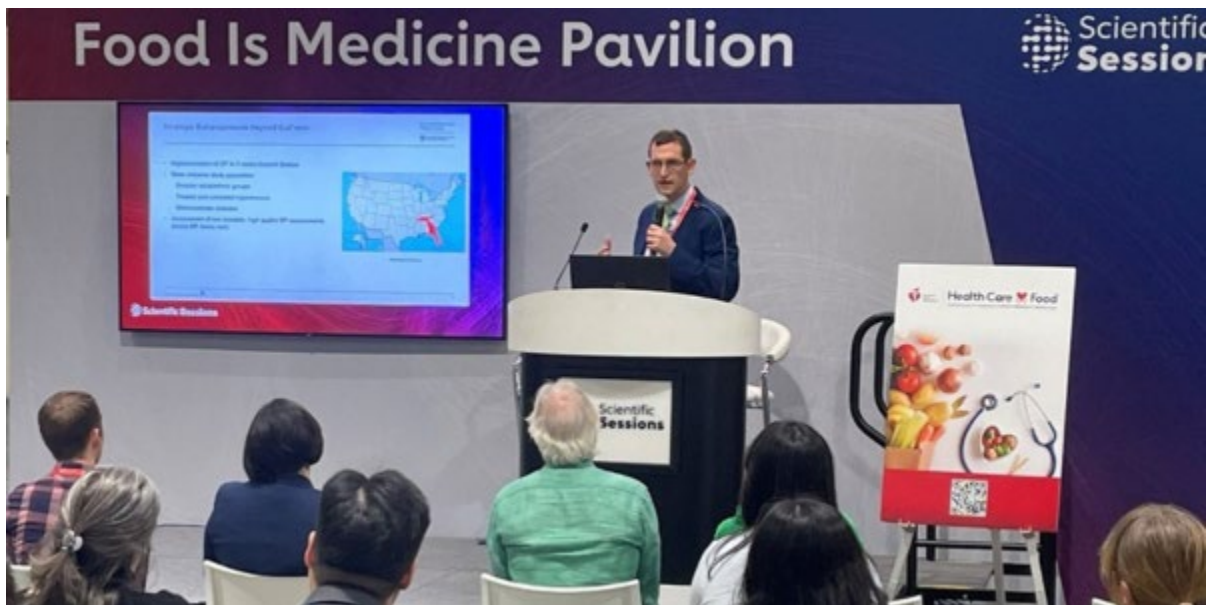
- Participants receiving DASH-patterned groceries saw greater reductions in systolic and diastolic blood pressure, urine sodium and LDL cholesterol compared to those receiving grocery stipends for self-directed shopping. However, these effects were not maintained after the intervention ended.

Future Directions:

---

- 
- With support from HCXF, the study will expand with some intervention refinements to Tennessee, Georgia and Florida with broader racial/ethnic groups and more various health conditions.
  - The team is exploring the development of an app to automate grocery ordering for improved cardiometabolic health.

“The GoFresh trial demonstrated that delivery and personalization of nutritious food to people with limited access improves healthy food choices and ultimately, cardiovascular and metabolic health,” said Dr. Juraschek.



Dr. Stephen Juraschek presents results from his food is medicine clinical pilot study at the Association’s Scientific Sessions 2025 (*American Heart Association*)

## 2. Examining the Impact of Medically Tailored Meals vs. Produce Supplements on Heart Failure Hospital Readmissions

Presented by Ambarish Pandey, MD, associate professor at UT Southwestern Medical Center, this randomized clinical trial of 150 participants compared medically tailored meals or fresh produce boxes alongside dietary counseling, with counseling alone to test the effect in adults with heart failure post recent hospital discharge. In addition, participants who received either meals or produce were divided into two subgroups, where one group only received food if they also picked up their medication or attended clinic appointments.

### Key Findings

- Participants in both food delivery groups (receiving either medically tailored meals or fresh produce boxes) reported higher quality of life compared to those
-

---

who received dietary guidance without food delivery, based on responses to the Kansas City Cardiomyopathy Questionnaire.

- Those in the conditional delivery groups (confirmed prescription pick-up) reported higher quality of life compared to those for whom no prescription pick-up was required.

#### Future Direction

- The findings underscore the need for larger, longer-term trials to evaluate whether healthy food interventions can reduce hospitalization, improve survival and optimize chronic disease management.
- Researchers plan a phase 3 trial enrolling 1,200–1,500 participants across multiple hospitals.

"If we can establish effective approaches to provide healthy food as part of a health care visit, somewhat seamlessly, it would be transformative for people with heart failure who are especially vulnerable after a hospitalization," said Dr. Pandey. "I think healthy food can be as powerful as medications for people with chronic conditions like heart failure."

---

Two other HCXF-funded research studies were also featured at Sessions:

1. [Designing Medically Tailored Meal Interventions: The Food as Medicine For Families \(FAME-F\) Randomized Clinical Trial](#)

Presented by Seth Berkowitz, MD, MPH, associate professor at the University of North Carolina School of Medicine, this trial examined whether medically tailored meal (MTM) interventions are enhanced by the provision of food for the whole household versus individual participants and whether a dedicated driver, versus a commercial shipper, might promote a personal relationship with the participant to boost mental health.

#### Key Findings

- Fruit and vegetable consumption was similar regardless of whether the program was offered to an individual patient or the household. Loneliness was similar regardless of food delivery method.
- Applying a 'feed the individual' and 'commercial shipper' strategy would likely allow for more efficient MTM implementation.

#### Future Directions

---

- 
- Future studies are warranted to evaluate how cost-efficient MTM delivery models perform when scaling MTM programs beyond pilot phases into Medicaid and insurance-covered benefits.
  - Longer-term trials are needed to assess sustained health outcomes and to evaluate the cost-effectiveness of different MTM delivery strategies.



Dr. Seth Berkowitz discusses his food is medicine research: Food as Medicine for Families. (*American Heart Association*)

## 2. The Effect of Produce Prescription Dose Upon Benefit Redemption, Food Security and Produce Consumption: a Randomized Trial

Presented by Ryan Kane, MD, MPH, assistant professor Tufts University School of Medicine, this trial examined how a produce prescription (PRx) dose affected benefit redemption (as a primary outcome) along with food security and fruit and vegetable consumption (as secondary outcomes.)

### Key Findings

- Higher PRx doses increased benefit redemption, food security and fruit and vegetable consumption.
- Dose is an important design element to consider in efforts to increase PRx redemption levels and improve PRx-related health outcomes.

### Future Direction

---

- 
- Additional research could further explore optimal PRx dosing strategies to inform program design and help maximize health impact and value.
- 

## Health Care by Food Lived Experience patients share their food is medicine journeys

---



L-R: Stacey Chang, co-founder, New Origin Studio and chair of Health Care by Food's Lived Experience Patient Advisory Board. Lived Experience members: Mercedes Cruz, Alisha Reed, Zurisaday Briz, Ryan Dial. (*American Heart Association*)

Research outcomes, clinical guidelines and expert opinions are all critical pieces of a puzzle that health care providers consider when evaluating a patient. Yet a person's face and story are also essential inputs in designing interventions to improve well-being.

Earlier this year, HCXF chartered a Lived Experience Patient Advisory Board to identify real-world priorities and perspectives of communities that the initiative aims to impact, and to engage the people closest to the issue in developing solutions.

Four members of the Lived Experience board shared their stories with the attentive audience at the Food is Medicine Pavilion during the Association's Scientific Sessions 2025. Each member's personal testimony about the barriers and challenges to choosing

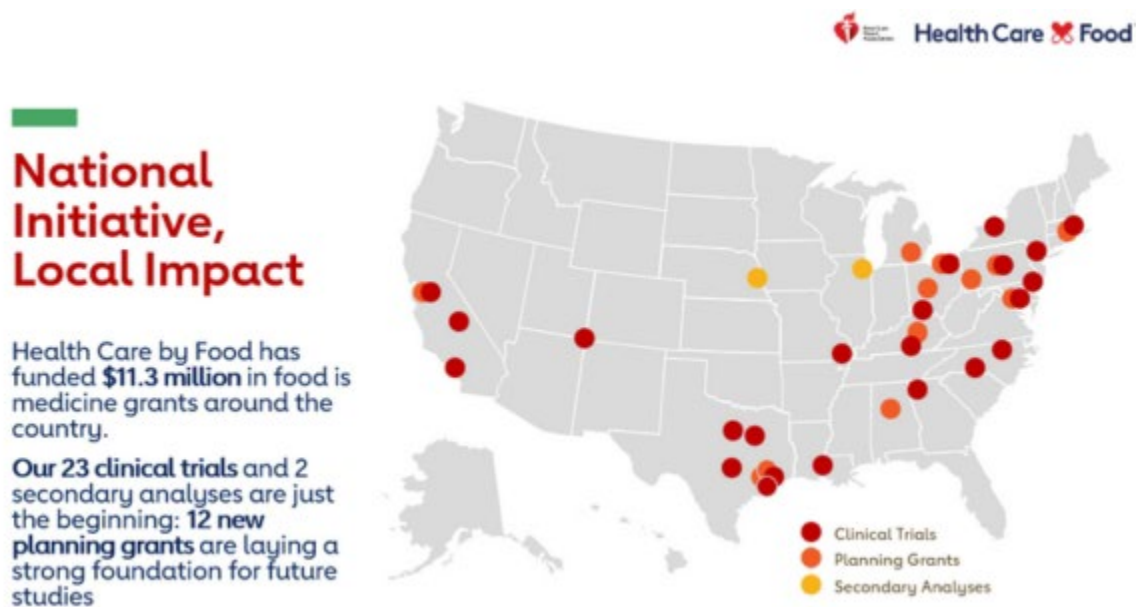
---

and accessing healthy food in their own practice of food is medicine, demonstrated the reality of a patient's journey with a diet-related disease. Stay tuned for multi-media content that captured this insightful storytelling coming in HCXF's January newsletter, along with a deeper dive into the Lived Experience Board.

---

## Bearing fruits: early results from Health Care by Food's pilot projects

---



*(American Heart Association)*

Five HCXF-funded researchers presented early findings from their pilot studies in a panel discussion as part of the formal Scientific Sessions 2025 program. The HCXF research team, led by Kevin Volpp, MD, PhD, prioritized funding research across the U.S. and required each of the 23 clinical researchers to partner with an organization within the study community to provide individuals with produce prescriptions or medically tailored groceries or meals.

Meanwhile, two secondary data analyses have explored various approaches for implementing successful food is medicine interventions. Together, these pilots are generating critical evidence needed to validate food-based interventions and inform clinical practice. Early results from these studies were discussed at Scientific Sessions 2025:

[Impact of a food purchasing intervention on consumption patterns and improved dietary outcomes in New Orleans](#)

---

- PI: Adrian Hernandez, MD, MHS, Vice Dean, Executive Director Duke University Clinical Research Institute
- Goal: Understand the impact of vouchers for online or in-person grocery shopping on food purchasing and consumption behaviors to inform a larger scale FIM intervention.
- Population: Adult patients > 50 years of age with hypertension living in greater New Orleans.
- Intervention: 100 participants randomized to receive \$100 monthly vouchers redeemable through either an online delivery platform or a local grocery chain.
- Results:
  - About 20% increase in fruit and vegetable intake across both arms but did not reach statistical significance.
  - Over 90% of participants who shopped in stores used their benefits each month, compared with below 64% using the online delivery platform.
  - Higher engagement with educational materials in the in-store group.
  - No significant changes in weight, BMI or blood pressure observed during the 5-month study period.

#### Maximizing impact: Engaging users in Food is Medicine programs

- PI: Christopher Long, PhD, principal research scientist, Center for Nutrition & Health Impact, Omaha.
- Goal: Identify factors that may influence redemption rates of produce prescriptions (PRx) such as intervention characteristics, implementation strategies and contexts associated with high levels of patient engagement.
- Study Design: Combined national project-level and participant-level core metrics data from the federal Gus Schumacher Nutrition Incentive Program (GusNIP) with new quantitative and qualitative data from program leaders. Detailed data collected about intervention characteristics and implementation strategies of GusNIP projects (April-September 2024).
- Results: Programs with strong engagement often included food transportation support, flexible hours, tailored food options and staff training. Future research will analyze electronic health records and claims data to assess long-term health outcomes and quality of life.

#### THRIVE: Adaptive personalized dietitian coaching, messaging and produce prescriptions to improve healthy dietary behaviors

- PI: Oluwabunmi Ogungbe, PhD, MPH, BNSc, RN, assistant professor at Johns Hopkins University School of Nursing.
  - Goal: Determine how culturally tailored produce prescription programs with messages, dietitian coaching and linkages to resources compare to current FIM programs in their effect.
  - Population: Black and Hispanic/Latino adults with hypertension in high food priority areas (HFPAs).
-

- Intervention: Co-designed with delivery partners and intended users before scaling, five key components to induce behavior change were evaluated: weekly Pulse surveys (including social needs screening) adaptive culturally tailored messages; personalized dietician coaching; produce Rx “FARMacy” Mobile Market; linkages to social services.
- Results: The intervention group showed an average systolic BP reduction of 6.8 mmHg at 6 months compared to control.
  - Over 70% of participants completed all dietician coaching sessions and messaging interactions.

#### A dose of freshness: Finding the right dose for produce prescriptions

- PI: Hilary Selgiman, MD, MPH, professor, department of medicine, University of California, San Francisco.
- Goal: Determine how produce prescription dosage relates to benefit redemption, food insecurity and consumption of incentivized foods.; identify any ‘ceiling effect’ above which further increases in benefit value do not lead to further benefit redemption.
- Population: Low-income households in California’s Central Valley.
- Intervention: 285 participants randomized to receive a pre-loaded debit card redeemable with a low (\$40), medium (\$80) or high (\$110) dollar amount monthly for fresh fruits and vegetables at national grocery retailers.
- Results:
  - Higher voucher amounts (\$110/month) led to greater redemption rates and larger increases in fruit and vegetable intake.
  - Even the \$40/month group showed measurable improvements in food security and diet quality, indicating that modest benefits can still have significant impact.

#### Loss-framed Incentives and Choice Architecture Modifications to Encourage Healthy Food Purchasing

- PI: Kevin Volpp, MD, PhD, HCXF research lead, Mark V. Pauly Professor at the Perelman School of Medicine and the Wharton School, and Director of the Penn Center for Health Incentives and Behavioral Economics.
  - Goal: Examine effect of behavioral economic strategies to increase healthy food purchasing with a prescription program.
  - Population: 210 urban dwelling participants with obesity and diabetes.
  - Intervention: Participants received subsidies redeemable through Instacart, with varying choice architecture (fruits and vegetables appear first vs not) and text message reminders (loss-framed reminders of subsidy balance vs. healthy eating reminders). Randomization was across 5 study arms:
    - Control: Access to the regular Instacart storefront.
    - \$160 monthly fruits and vegetables subsidy.
    - \$160 monthly fruits and vegetables subsidy + choice architecture (fruits and vegetables appear first).
-

- \$160 monthly fruits and vegetables subsidy + weekly salience text reminders of subsidy balance.
- \$160 monthly fruits and vegetables subsidy + choice architecture (fruits and vegetables appear first + weekly salience text reminders of subsidy balance).
- Results: Healthy food subsidies significantly increased purchasing of fruits and vegetables. Among those who activated their online accounts (n=187), salience reminders significantly increased purchasing of produce by \$19.0 (95%CI=\$3.7, \$34.4, p<.05) compared to no salience reminders.

Final analysis of these and other HCXF-funded studies will be available in upcoming publications. Meanwhile, HCXF is building on this research with 12 new planning grants, allowing researchers the time and funds to plan cutting-edge trials on a larger scale. Their final proposals will be competitive for large grants from institutions beyond the Association, including government, industry and foundations to further scale the FIM research landscape.

---

## Food Is Medicine 3-minute oral pitch contest

---



India Washington, MHS, CPH, research program coordinator, Johns Hopkins University School of Medicine. *(American Heart Association)*

During Scientific Sessions 2025, Health Care by Food sponsored a pitch contest designed to spotlight innovative and bold research ideas. In just three minutes, without slides or electronic media, participants were asked to address the question: 'If you had \$10 million, what would you do to maximize impact in FIM research?'

---

The contest featured short, high-impact presentations from researchers and innovators, focusing on clinical trial designs, implementation strategies and patient engagement.

India Washington, MHS, CPH, research program coordinator, Johns Hopkins University School of Medicine, won first place among the field of eight competitors. In her pitch, Washington shared how \$10M could build a national foundation needed to scale an innovative FIM model including mobile Farmacy markets, AI-optimized behavioral change support and dietitian coaching across systems to the more than 18 million people in America who lack access to nutritious food and culturally relevant support.

---

## Reflections from HCXF Scientific Lead, Kevin Volpp

---



Health Care by Food Scientific Lead, Kevin Volpp, MD, PhD, the Mark V. Pauly Professor at the Perelman School of Medicine and the Wharton School, and Director of the Penn Center for Health Incentives and Behavioral Economics (*American Heart Association*)

During a fireside chat, Mitchell S.V. Elkind, MD, MS, the Association's chief science officer for brain health and stroke and science advisor for Health Care by Food, asked the initiative's scientific lead, Kevin Volpp, MD, PhD to summarize the initial study results. Dr. Volpp confirmed that 11 of 23 clinical trials are complete with consistently high rates of enrollment and very high rates of engagement and retention—typically in the range of 80-90%.

"This high rate of participant retention is due in part to embedding human-centered design from the beginning of each study," said Volpp, the Mark V. Pauly Professor at the Perelman School of Medicine and the Wharton School, and Director of the Penn Center for Health Incentives and Behavioral Economics. "Previous research had shown

---

engagement rates as low as 40%, and it was important to address this so that FIM interventions could operate at full strength. The credit goes to the research grantees who had good study design and execution.”

Dr. Volpp expanded on the role of human-centered design as the notion of thinking in detail around a journey map. “It’s key in this research not to assume that we know what it’s like for people dealing with diet-related diseases,” Volpp said. “Working with study participants or people like them can help us anticipate where patients may see hurdles and how we can help reduce those challenges as much as possible for them to succeed.”

Volpp highlighted other innovations that are being tested including working with a variety of partners to test ways of increasing ease of use for patients, as well as behavioral science approaches that facilitate patients succeeding in achieving their health goals. He noted the importance of these pilot studies that have helped build a much stronger foundation for the FIM field and are the building blocks that will launch the next phase of research—benefit-defining studies. “The challenge in front of us will be funding larger studies of \$3-5M or more across many clinical conditions,” Volpp said.

---

## Register for January 6 HCXF Behavioral Science Webinar

---



Health Care  Food

Upcoming Webinar

### The Self-Inflicted Nature of Satiation

Jan 6, 2026 | 3:30 – 4:30 pm ET

Speakers  
**Joe Redden, PhD, MBA**  
*Aloysius and Eleanor Nathe Collegiate Professor of Marketing, University of Notre Dame*



Scan to Register

43

The Self-Inflicted Nature of Satiation

Speaker: Joe Redden, PhD, MBA (University of Notre Dame)

January 6, Tuesday, 3:30 – 4:30 pm ET | 2:30–3:30 pm CT | 12:30 – 1:30 pm PT

---

Description:

Research on satiation and adaptation continues to grow with a recent focus on non-physiological mechanisms. That is, satiation is not only the result of feeling physically full, or a shifted reference point. Dr. Redden will present a theoretical framework for understanding satiation as the result of physiological, perceptual and self-reflective components. This framework helps explain a range of different phenomena from past work: Why does choosing increase satiation? Why do rabid fans seem immune to satiation? Why do children get bored amid a sea of toys, etc.

RSVP: [Webinar Registration - Zoom](#)

Previous recordings & future webinar schedule:

[Behavioral Science Webinar Series | Health Care by Food](#)

---

## Save-the-date & Register:

# Epidemiology and Prevention | Lifestyle and Cardiometabolic Health

---



- Attend Health Care by Food's lunch session for more research outcomes and next steps!
  - Meet with expert peers and speakers to drive health forward with the latest in translational and population science.
-

- Join the discussion on implementation science as it applies to promoting cardiovascular health and adopting healthy behaviors.

---

Happy Holidays & Healthy New Year  
from the HCXF Team!

