



Health Care  Food



July 2025 Newsletter

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From Research to Impact: Rooting Evidence in Action

As momentum around food is medicine (FIM) continues to grow, it's clear that generating evidence of clinical and cost effectiveness is essential, but it's also just the beginning. The real challenge and opportunity lie in translating research into action in ways that are meaningful, sustainable and impactful across communities.

My message this month focuses on the critical role of implementation—the often complex, behind-the-scenes work that transforms promising research into real world results. Implementation helps us answer key questions: What does it take to deliver FIM programs effectively? How do we adapt FIM interventions to meet the needs of diverse populations? And what models show the greatest potential for scaling with both impact and integrity?

As we navigate these questions, two factors consistently rise to the surface: human behavior and cost. We must improve our understanding of what motivates people to engage with food-based interventions and what barriers stand in their way. Answering these questions is essential to designing programs that work in practice, not just in theory. And recognizing the cost implications—financial, operational and social—is necessary to ensure FIM is accessible, sustainable and positioned for broader adoption.

Rooting research in action means listening to communities, learning from frontline providers and making space for innovation grounded in evidence. It's not easy work, but it's work that will ultimately move the field from building the evidence through research to lasting systems change.

Thank you for being part of this movement. Together, we're not just advancing research—we're putting it to work for real people in real communities. One meal, one model, one milestone at a time.

With appreciation,

P.S. These monthly newsletters showcase learnings from our research grantees, collaborations with key stakeholders and new resources to support the broader FIM community. If you're not on our email list, please join [here](#) and find archives of previous issues.



Lisa D. Sanders
National Executive Director
Health Care by Food

HCXF research grantee spotlight: Can reclaiming traditional foods improve Indigenous cardiovascular health?



Culturally and medically tailored meal deliveries for Diné (Navajo) patients. *(courtesy photo)*

American Indian populations experience a [significant cardiovascular disease burden](#) and heart failure leading to morbidity and mortality. Like other tribal populations, nutrition insecurity contributes substantially to poor cardiovascular outcomes among Diné (Navajo) patients.

[Increasing evidence](#) suggests that food is medicine (FIM) interventions, such as medically tailored meals, may improve cardiovascular outcomes and quality of life. Meanwhile, there has

been an increased focus to reclaim traditional Indigenous foods to improve Indigenous health.

[Health Care by Food](#)[™] research grantee, **Lauren Eberly**, MD, MPH, assistant professor in cardiovascular medicine at the University of Pennsylvania and staff cardiologist for the Indian Health Service at Gallup Indian Medical Center in Gallup, New Mexico, is leading a clinical trial in collaboration with community and tribal partners to implement and evaluate the effectiveness of a medically and Native-sourced culturally tailored meal delivery program to improve outcomes in heart failure in Navajo Nation.

“The intersection of settler colonialism and rurality creates challenges for many tribal communities where vast distances, inadequate water infrastructure, unpaved roads and environmental toxins pose barriers to food access,” Eberly said. “For example, one-third of residents living in Navajo Nation lack running water or electricity, 78% of the roads are unpaved roads and about 95% of our patients utilize post office boxes as they are unable to receive postal deliveries at home.



Diné (Navajo) Nation: community partner, Sharon Sandman, Diné farmers Betsy Yazzie and Chili Yazzie, and Dr. Eberly. *(Lauren Eberly)*

The Medically Utilized Tailored Traditional food to Optimize Nutrition in Heart Failure (MUTTON-HF) study is partnering with local Diné farmers, ranchers, a Diné dietician and culinary expert and a Native-run kitchen (Tacobe) at two Indian Health Service (IHS) sites in Navajo Nation to evaluate the benefit of a medically tailored traditional Diné meal program (14 meals weekly x 60 days.)

The MUTTON-HF team recently completed a pilot study of patients with heart failure living rurally on the reservation (spanning an over 100-mile radius) which demonstrated improvements in food insecurity, measures of symptoms and quality of life, as well as weight loss among those with obesity.

To expand on this, a 1:1 randomized trial of the medically tailored traditional Diné meal program versus usual care is underway. This randomized, comparative effectiveness trial recruited nearly 200 adult Diné patients with heart failure and a hospitalization or emergency room visit in the past 12 months. The primary outcome will be the rate of hospitalizations or emergency room visits within 90 days post-implementation.

“We hope this study will not only evaluate the health benefit of reclaiming traditional pre-contact foods but also provide insight into how to overcome challenges to operationalize food is medicine programs for rural tribal communities and strengthen local food systems,” Eberly said. Results are anticipated by mid-2026.

Best practices for implementing produce prescriptions



(Getty photo)

Produce prescription programs are typically offered to people living with health conditions that are exacerbated by unhealthy food intake and who experience food and/or nutrition insecurity. People at risk for diet-related issues who participated in a produce prescription program **showed** improvements in fruit and vegetable intake, food insecurity and self-reported health status among both adults and children, and clinically relevant improvements in hemoglobin A1c, blood pressure and body mass index among adults.

The findings are based on data from two forthcoming papers. This resource will be updated to reflect the citations when published. This project is supported by a grant from the Health Care by Food initiative.

Whether developing a new produce prescription (PRx) program or there's interest in evaluating the effectiveness of an established program, [the Best Practices for Implementing Produce Prescription Programs](#) is now available online at the [GusNIP Nutrition Incentive Hub](#) website.

The report shares learnings from surveys and interviews with PRx leaders addressing questions about how to structure programs and how to encourage participants to redeem their incentives and maintain engagement.

Health Care by Food scientific lead gives plenary keynote at CMS Quality Conference



Kevin Volpp, MD, PhD, founding director of the Center for Health Incentives and Behavioral Economics at the University of Pennsylvania's Perelman School of Medicine and the Wharton School, and Dora Hughes, MD, MPH, chief medical officer, director, Center for Clinical Standards and Quality Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services. *(Courtesy photo)*

Earlier this month, at the **Centers for Medicare and Medicaid Services (CMS) Quality Conference** in Baltimore, [Health Care by Food™](#) scientific lead, Kevin Volpp, MD, PhD, gave the plenary keynote address entitled, **Preventive Power: Using nudges and incentives to achieve better health.**

Key messages from Volpp's talk include:

- Behavior is the final common pathway in improving health. There are a variety of behavioral barriers that are common but also predictable.
 - Enrolling participant participants who do not opt out, rather than relying on opting in, significantly increases enrollment and engagement.
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- Choice architects set the preconditions that influence choices. For example, listing healthier food first on menus, or ranking highest quality doctors at the top of a list, both result in making better choices for a person's health.
- Keep it simple: incentivize only a few important activities, while immediacy of feedback is important. Incentive amounts need to be sufficient to change behavior as small amounts can be worse than nothing.
- Make sure incentives are highly salient and based on clinical evidence. Non-financial incentives such as gamification systems can be quite effective.
- Food is medicine represents a potential paradigm shift in health care that emphasizes being proactive in improving health rather than relying on medical interventions.
- The majority of Americans think that food is medicine programs should be covered by insurers, including 85% of self-identified Democrats and 78% of Republicans.

Behavioral Science Webinars:

The graphic is a promotional poster for a webinar. It features a yellow and green background with circular portraits of the speaker and host. The text is in red and black, providing details about the webinar's title, date, time, and speakers. A QR code is included for registration.

Speaker
Kevin L. Keller, PhD, MBA

Host
Punam Keller, PhD, MBA

Upcoming Webinar Health Care Food

**Branding
Your Program &
Intervention:
Why and How**

Sep 2nd, 2025 | 3:30 – 4:30 pm ET

Speakers
Kevin L. Keller, PhD, MBA

Host
Punam Keller, PhD, MBA

Scan to Register

Organizations of all types are recognizing and appreciating the power of branding. This talk will outline some of the benefits of branding and its rationale, before providing specific guidelines in terms of branding “do’s and don’ts” to ensure that organizations derive maximum value from their branding efforts. Specific attention will be paid to food is medicine applications. This is part of a series of behavioral sciences webinars open to all focused on healthy food marketing and consumer choice. To register, please click [here](#).

The graphic is a promotional poster for a webinar. It features a green and yellow background with two circular portraits of the speakers. The top speaker is Pierre Chandon, PhD, and the host is Julio Sevilla, PhD, MBA. The text on the right side of the graphic includes the title 'Customer-Centric Interventions for Healthier Eating', the date and time 'Sep 15th, 2025 | 3:30 - 4:30 pm ET', and a QR code with the text 'Scan to Register'. The logo 'Health Care by Food' is in the top right corner.

Speaker
Pierre Chandon, PhD

Host
Julio Sevilla, PhD, MBA

Upcoming Webinar **Health Care by Food**

Customer-Centric Interventions for Healthier Eating

Sep 15th, 2025 | 3:30 - 4:30 pm ET

Speakers
Pierre Chandon, PhD

Host
Julio Sevilla, PhD, MBA

Scan to Register

Because healthy eating is more a "wanting" or "doing" than a "knowing" problem, pleasure-based interventions that motivate people to eat better, or stealthily reduce portion sizes, tend to be more effective than interventions that focus on providing information. To register, please click [here](#).

Committed to Health Care by Food, chief science officer receives the Association’s Gold Heart Award



Neurologist Dr. Mitch Elkind, American Heart Association president from 2020-21. (*American Heart Association*)

During the American Heart Association's National Volunteer Awards held last month in Plano, Texas, **Mitchell S.V. Elkind, MD, MS**, was honored with the organization's highest volunteer honor, the **Gold Heart Award**, for significant contributions to the fields of brain and heart health and his commitment to [Health Care by Food™](#), the Association's food is medicine initiative.

Growing up in the New York City suburb of New Rochelle, Elkind dreamed of becoming a creative writer or journalist. Although he was fascinated with the philosophy of the mind, he never imagined he'd become a neurologist.

"My father, Arthur Elkind, was a headache specialist. So, I was around neurologists and neuroscientists just by virtue of going to meetings with him," he said. "I always liked thinking about how the mind works, and that led to a fascination with the brain and neuroscience."

Today, the Harvard-, Cambridge- and Columbia-educated Elkind is a renowned neurologist and epidemiologist and former chief of the Columbia University Division of Neurology Clinical Outcomes Research and Population Sciences.

In 2020, he became the second neurologist to lead the American Heart Association as president, building on the legacy of his mentor and the organization's first neurologist president — [Dr. Ralph Sacco](#).

"Ralph was head of the stroke program at Columbia University when I went to work for him as a fellow in 1996," Elkind said. "I began getting involved with the American Heart Association through him, and he later introduced me to Bert Scott."

Elkind became the first recipient of the Kathleen Scott Research Fellowship that Bert established in memory of his wife, who died of stroke.

“That fellowship helped launch my research career and made me a lifelong volunteer of the American Heart Association,” he said.

After serving at the local, regional and national levels, he took office as president in July 2020, during the height of the COVID-19 pandemic. Building on the progress made by his predecessor, Dr. Robert Harrington, and working alongside Bert as chairperson of the board, he guided the organization to success through unprecedented challenges.

Motivated to continue making a difference after his volunteer presidency, Elkind joined staff in 2022 as chief clinical science officer charged with helping guide and expand the organization’s clinical research activities.

With his role recently redefined as chief science officer, brain health and stroke, Elkind is tackling his pre-pandemic priorities and working to grow the association’s brain health enterprise through science, business programs and advocacy. He also played a key role in helping to launch the Association’s food is medicine initiative and serves as the staff science lead for Health Care by Food alongside scientific lead Kevin Volpp, MD, PhD, founding director of the Center for Health Incentives and Behavioral Economics at the University of Pennsylvania’s Perelman School of Medicine and the Wharton School.

He is a co-author of the Association’s recently published [scientific statement](#) on food is medicine as well as the [2023 Presidential Advisory on Food is Medicine](#) that helped announce the launch of the initiative. [Read more.](#)

HCXF Advocacy note:

On July 10th, the American Heart Association sent a letter to federal appropriators encouraging them to support food is medicine (FIM) research. The letter addresses the relationship between poor diets and public health, and the financial burden of chronic health conditions, while emphasizing the importance of evidence-based, cost-effective food and nutrition programs that can be integrated into the health care system. Yet FIM research remains woefully underfunded at NIH. FIM research needs are detailed to underscore the promise of FIM to treat, manage and prevent diet-related chronic conditions.

Publications

[Applications of Human-Centered Design to Food Is Medicine Interventions: The THRIVE Pilot Trial | Journal of the American Heart Association](#)

[Projected Health System and Economic Impacts of 2025 Medicaid Policy Proposals | JAMA Health Forum | JAMA Network](#)

[Academy of Nutrition and Dietetics’ Food As Medicine Strategic Roadmap - Journal of the Academy of Nutrition and Dietetics](#)

[Independent and Joint Associations of Obesity and Hypertension on Incident Heart Failure: A Pooled Cohort Analysis - ScienceDirect](#)

[Veterans Affairs FreshConnectProduceRx: a study protocol for a pragmatic quasi-experimental study assessing health, healthcare costs, and implementation processes of a produce prescription program in VA medical centers | BMC Public Health | Full Text](#)

Research award

HCXF research grantee [Lisa Goldman Rosas, PhD](#) received additional funding:

- for food is medicine pilots from Stanford and the California Breast Cancer Research Program.
- to develop an intervention with Black women who are breast cancer survivors from the Black Ladies Advocating for Cancer Care.
- two seed grants to develop a family-based FIM project with Latino mothers and children from Stanford.

Reports

[Milken: A blueprint for employer led food as health strategies.](#)

Upcoming Events

Health Care by Food at the [Congressional Black Caucus Foundation](#)
September 24-28, 2025 | Washington, DC

Tufts 3rd Annual [Food is Medicine National Summit](#)
October 8-9, 2025 | Boston, MA and Virtual

[American Heart Association Scientific Sessions](#)
November 7–10, 2025 | New Orleans, Louisiana
