



Health Care  Food



May 2025 Newsletter

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Driving change at the intersection of food and medicine

This month's newsletter highlights the powerful momentum building across the country to integrate nutrition into health care. From groundbreaking research on medically tailored meals to national advocacy efforts and cross-sector collaboration, [Health Care by Food™](#) is proud to be a steady force in this transformation. As an example, embedded in our research strategy is the emphasis on using choice architecture to significantly influence decision-making, helping patients adopt healthier behaviors and clinicians deliver higher value care.

As we continue to advance evidence-based solutions and policy changes, your partnership remains vital in our shared mission to make food a fundamental part of health care. We invite you to stay engaged—join our upcoming webinar, explore our latest research and advocate for policies that make nutritious food accessible to all. Together, we will redefine the role of healthy food in health care.

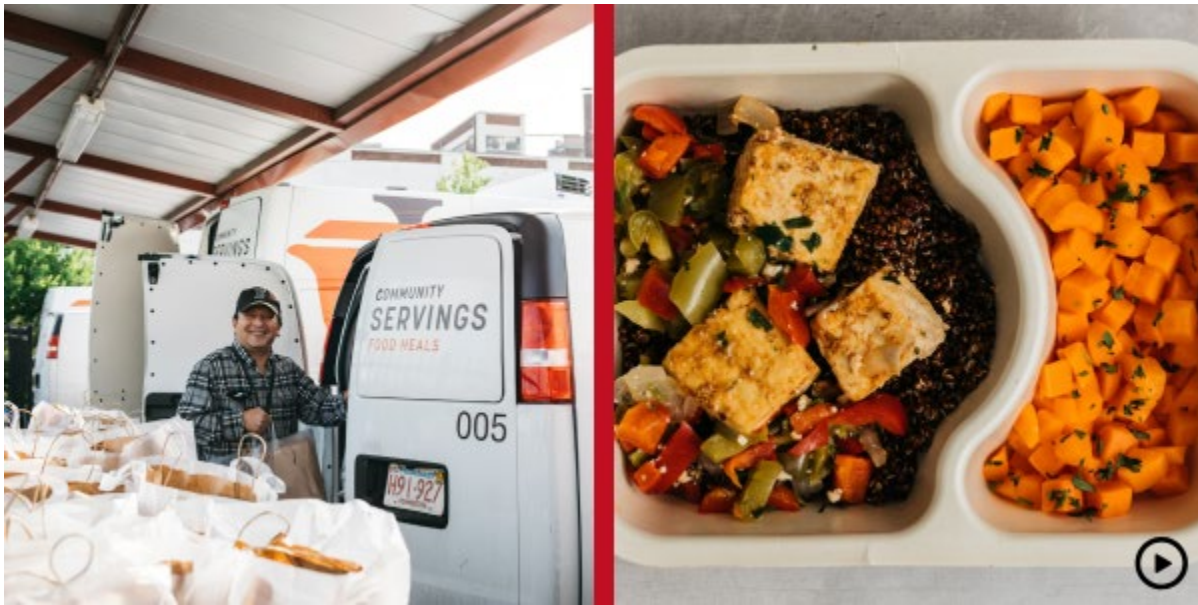
With heart,

Lisa



Lisa D. Sanders
National Executive Director
Health Care by Food

Households and meal delivery methods may influence food is medicine outcomes



Community Servings in Boston prepares and delivers medically tailored meals to help people manage diet-related health conditions. (Michael Piazza)

Patients living with complex medical conditions may be unable to shop for or prepare nutritious meals for themselves, critical to minimizing acute exacerbations. Medically tailored meals (MTMs) are an approach to food is medicine (FIM) that provides home delivery of prepared, nutritionally balanced meals designed by a registered dietitian based on an individual's chronic condition and specific health needs. [Evidence suggests](#) that MTMs improve diet quality and quality of life and may reduce burdensome and expensive emergency room visits and nursing home admissions.

What we don't yet know is whether providing MTMs for the entire household, rather than solely for the prescribed patient, might further improve the patient's health outcome. Another question is whether the method of the MTMs delivery—for example, a dedicated driver providing personal delivery compared to a commercial shipment drop-off—impacts a patient differently. Enter general internist and primary care physician, **Seth A. Berkowitz, MD, MPH**, associate professor and section chief for research in the division of general medicine and epidemiology University of North Carolina School of Medicine. Berkowitz studies the relationship between health-related social needs and health outcomes.

"Food is medicine can mitigate the consequences of a lack of access to nutritious food if we can provide clinicians with new and effective tools, while we also work for social policy changes that prevent these issues from occurring," Berkowitz said. In collaboration with **Community Servings**, a Boston nonprofit organization that prepares and delivers MTMs, Berkowitz leads the [*Food as Medicine for Families*](#) (FAME-F) research study considering two intervention strategies made possible by a [Health Care by Food](#) funding grant. The first intervention compares the impact of delivering MTMs to an individual patient, to delivering MTMs to a whole household. The second strategy examines the impact of having a Community Servings' in-person driver deliver the meals, versus a commercial shipping company that drops off the meals.

Jean Terranova, senior director of policy and research, and **Jacqui Nguyen**, research dietitian at Community Servings, spearheaded the recruitment of 100 individuals with a chronic cardiometabolic condition to test the target of the intervention (individual versus household) and the delivery mechanism (Community Servings driver versus a shipment.) Participants were

randomly assigned in a 1:1 ratio along each dimension, resulting in 25 participants in each combination.

At the end of the 12-week intervention, the primary outcome to be measured will be diet quality and loneliness, determined by the De Jong Gierveld scale. Secondary outcomes will include food security, health-related quality of life, patient satisfaction, acceptability and qualitative interviews on participant experience. The resulting evidence could help to inform public and private payor coverage decisions for FIM interventions in specific clinical contexts.

“We want to see that healthy meals are reimbursed through the health care system so that they are accessible for everyone who needs them,” said Terranova. The FAME-F study data is anticipated to be available later this year.

Health Care by Food research grantee honored for commitment of equality in health care



Dr. Yvonne Commodore-Mensah, right, accepts the 2025 Watkins-Saunders Award from one of her mentors, Dr. Lisa Cooper.

Earlier this month The American Heart Association Baltimore & Greater Maryland Division [announced](#) **Dr. Yvonne Commodore-Mensah** as the recipient of the 2025 Watkins-Saunders Award. The award recognizes individuals in Maryland who demonstrate an outstanding commitment to equitable health through clinical or medical work and community improvements.

Commodore-Mensah, a renowned cardiovascular nurse epidemiologist, Professor and Associate Dean for Research at Johns Hopkins School of Nursing and Johns Hopkins Bloomberg School of Public Health, has dedicated her career to advancing equitable health both locally and globally. Her research focuses on reducing cardiovascular disease risk among African populations in the United States and sub-Saharan Africa through community-engaged research and implementation

science.

Commodore-Mensah is the principal investigator of several significant projects, including the ADHINCRA Program, which addresses hypertension control in Africa, and the LINKED-BP and LINKED-HEARTS programs, which aims to enhance hypertension control and chronic condition management in primary care settings in the United States.

She is a co-primary investigator in a [Health Care by Food research grant](#) that is testing the feasibility of combining produce prescriptions, adaptive messaging, personalized dietitian coaching and linkages to social resources to sustainably improve dietary behaviors among Black adults with hypertension living in communities that have poor access to healthy, affordable foods.

"I am deeply honored and grateful to receive the 2025 Watkins-Saunders Award," said Commodore-Mensah. "This award honors the memory of two giants in the cardiology field, who fought for enhancing diversity in the cardiology workforce."

"I'm honored that the American Heart Association thinks that I am deserving of this honor, but what I hope that this does is that someone like me sees this and knows that they too, can accomplish anything they set their hearts to, that their dreams are valid, that they can do things their way and still have meaningful impact," she continued.

Food and nutrition leaders convene around redefining health care delivery



The State of the Solution panel discussion at Kroger's Nourishing Change Conference on May 14th included L-R: Marc Watkins, Chief Medical Officer, Kroger Health; Kevin Volpp, Health Care by Food science lead; Holly Freishtat, Milken Institute; Sara Roszak, National Association of Chain Drug Stores. (Advantage Solutions)

Leaders across sectors of the food and health industry united for discussions around changing the way health care is delivered in this country at a 3-day conference hosted by Kroger Health in Cincinnati on May 13-15. The Nourishing Change Conference focused on guiding cross-industry organizations to drive collective change by addressing multifaceted issues including nutrition insecurity, redefining healthy eating and integrative care.

[Health Care by Food's](#) scientific lead, **Kevin Volpp, MD, PhD**, who also serves as 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, joined a panel to discuss solutions in health care and scaling prevention of non-communicable health conditions.

Volpp addressed the role of healthy diets in preventing and improving treatment for chronic conditions and the need to convince insurers that it makes health and economic sense to cover food is medicine programs. "Success should be based on evidence of health improvement, similar to how we view other medical interventions," Volpp said. "Insurers will consider coverage of specific programs for specific populations for specific durations, so the evidence needs to tie directly to specific potential use cases."

Marc Watkins, MD, Chief Medical Officer at Kroger Health, moderated the panel about the potential for food, pharmacy and health care to collaborate to drive change while exploring the financial, regulatory and operational shifts to convert evidence into action. Holly Freishtat, senior director of Feeding Change at the Milken Institute, and Sara Roszak, senior vice president of health and wellness strategy and policy from the National Association of Chain Drug Stores (NACDS), contributed their expertise to the panel.

Join the webinar: Behavioral science for study recruitment and retention



Upcoming Webinar

Health Care  Food

Behavioral Science for Recruitment and Retention of Study Participants

June 3rd 2025 | 3:30 – 4:30 pm ET

Speaker
Elizabeth Linos, PhD



Scan to Register

Health Care by Food's [Behavioral Science Task Force](#) produces an ongoing webinar series to support researchers by exploring how behavioral science strategies and marketing approaches can be integrated into food is medicine research. Please [register](#) for the next webinar:

Recruitment and retention of study participants are significant challenges in any program. This session will walk through principles of behavioral science and testing that can be used to approach these challenges more effectively.

Date: Tuesday, June 3rd | 3:30–4:30 pm ET

Title: Behavioral science for recruitment and retention of study participants

Speaker: Elizabeth Linos, PhD, Associate Professor of Public Policy and Management, Harvard Kennedy School

[Register](#)

Health Care by Food Advocacy in action



Members of the American Heart Association advocacy team: Emily Holubowich, national senior vice president federal advocacy; Colin Schwartz, senior federal advocacy advisor; and Jeff Ranous, national vice president community advocacy, at the National Governors Association meeting. (Courtesy photo)

Members of the Association's Health Care by Food advocacy team joined the National Governors Association, a bipartisan organization of the nation's governors, along with governors' state and federal directors to introduce the Association and its work to champion improvements in population health. Emily Holubowich, national senior vice president of federal advocacy; Jeff Ranous, national vice president of community advocacy; and Colin Schwartz, senior federal advocacy advisor, emphasized the Association's long-standing leadership in advocacy across all levels of government and highlighted the importance of leveraging policy expertise, strategic partnerships and field infrastructure to drive meaningful change.

A central part of the discussion focused on the Association's work in food is medicine, including efforts to explore and advance policy solutions that integrate nutrition into health care. The advocacy team also highlighted the Association's technical assistance support for states pursuing food is medicine approaches through Section 1115 demonstration waivers, offering high-touch guidance on the program design, implementation and evaluation of nutrition interventions within Medicaid. Meeting with the nation's governors and their state and federal directors helped to underscore the Association's commitment to improving health through aligned public policy strategies.

[More on food is medicine advocacy – Federal update](#)

The Association submitted a written statement for the record to the Senate Appropriations Committee in advance of an April 30 [hearing](#) focused on federal biomedical research funding. The statement reiterates the need to maintain the NIH's global leadership in biomedical research, offers principles for NIH optimization and encourages the NIH to support emerging research areas including food is medicine.

The Trump administration released its "[skinny budget](#)" in early May, containing initial details of the fiscal year (FY) 2026 budget request to Congress. The budget would reduce NIH funding by 40%, consolidate the 27 existing institutes and centers into eight, and direct the NIH to support research aligned with administration priorities including chronic disease.

The budget also designates \$500 million to the Department of Health and Human Services (HHS) for activities responsive to the Make America Healthy Again (MAHA) Commission, including nutrition initiatives. The budget request represents the beginning of the appropriations process and primarily serves as an expression of administration priorities; final FY26 funding levels have yet to be negotiated by Congress.

Kevin Volpp keynotes SFRN's meeting in Philadelphia



Jon Epstein, Scott Halpern and Kevin Volpp all from the Perelman School of Medicine at the University of Pennsylvania, were joined by Eduardo Sanchez of the American Heart Association at the Association's Science of Diversity in Clinical Trials SFRN semi-annual meeting in Philadelphia. (Adina Lieberman)

Kevin Volpp, MD, PhD, scientific lead of [Health Care by Food](#) and 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, was the keynote speaker at the Association's Science of Diversity in Clinical Trials [Strategically-Focused Research Network \(SFRN\)](#) semi-annual meeting last month in Philadelphia.

A [SFRN](#) is a mechanism that provides the Association with an opportunity to address key strategic issues as determined by the Association's Board of Directors. Specific SFRNs focus on the understanding, prevention, diagnosis and treatment of a particular research topic of interest. The Science of Diversity in Clinical Trials SFRN consists of five centers working to develop novel research strategies to engage individuals from under-represented groups in clinical trials, such that their participation in clinical trials aligns with the composition of the populations from which they recruit participants.

Scott Halpern, MD, PhD, MBE, the John M. Eisenberg, MD Professor in Medicine at the Perelman School of Medicine at the University of Pennsylvania, is leading a collaborative team to use behavioral health science to improve representation of clinical trial participation. As the director of the Behavioral Economics to Transform Trial Enrollment Representativeness (BETTER) effort (funded by the Association) to understand and improve representation in clinical trials focused on cardiovascular health, Dr. Halpern convened the recent meeting.

During his keynote, Dr. Volpp explained how decisions for most people are informed by a mixture of reasoning and 'behavioral reflexes.' "These behavioral reflexes are, in essence, the decision-making heuristics people use to make sense of a complicated world and to navigate efficiently, given limitations on available time and effort for each decision," Volpp said. Based on this, the structure of the environment in which people make decisions, or 'choice architecture,' has a significant impact on what people actually do. "We can use choice architecture to help patients engage in healthy behavior at higher rates and to help clinicians deliver higher value care," Volpp said.

Subsidies for healthy food can leverage insights from behavioral economics. "Financial incentives are a potent way of influencing behavior, and they can be designed in ways that make them more or less effective," Volpp said. Experimentation on a small scale of program attributes can help determine what makes sense to scale before doing any larger-scale testing.

Publications of interest:

[The Relationships Between Lifestyle Behaviors, Health Perceptions, and Psychosocial Outcomes of Metabolic Syndrome Severity](#). Lisa Bailey-Davis, DEd, RD

[What motivates participants: a qualitative analysis of ga.mification and financial incentives to increase physical activity | BMC Public Health | Full Text](#). Kevin Volpp, MD, PhD

[Loss of Subsidized Drug Coverage and Mortality among Medicare Beneficiaries.pdf](#). Eric T. Roberts, PhD

[The Food Environment Toolbox: Developing and Piloting a Suite of Tools to Measure Food Environments in Low- and Middle-Income Countries - Current Developments in Nutrition](#) Selena Ahmed, PhD
