



Health Care  Food



September 2025
Newsletter

healthcarexfood.org

[Sign up for the newsletter](#)

Advancing hope and health through food is medicine

With this edition we turn our attention to a critical pillar of advancing food is medicine (FIM) by defining the tools and measures that enable true clinical integration for the benefit of patients.

For FIM interventions to move beyond promising pilots and into the core of health care delivery, they must be supported by consistent standards, validated measures and scalable means. These elements are essential not only for clinical adoption, but also for shaping the policy environment that determines whether these interventions are recognized, reimbursed and sustained.

Healthy eating is a cornerstone of disease prevention and management, yet the health care system has historically lacked the infrastructure to bridge nutrition interventions with clinical practice. That's why it's so important to develop shared tools such as screening protocols, referral pathways and outcome metrics to complement the evidence base that policymakers, payors and providers need to make FIM a routine part of health care.

These tools, such as Human-Centered Design, discussed in this newsletter by a Health Care by Food research grantee, strengthen patient engagement and ensure individuals can access, understand and act on the role of healthy food in their own health journey.

We're sharing Health Care by Food's efforts to develop the tools and measures necessary for FIM interventions to benefit patients in the clinical setting. You'll also find a link to the webinar recording that complements our recently released [Advances in the Food Is Medicine Field Annual Report](#) as well as our exciting plans for stimulating FIM demonstrations at the Association's annual Scientific Sessions in November.

Thanks to each of you for helping us to advance health and hope for everyone, everywhere!

With appreciation,

Lisa



Lisa D. Sanders
National Executive Director
Health Care by Food

How User-Centered Design can impact food is medicine



Health Care by Food research grantee Dr. Alison Gustafson collaborating on strengthening the evidence base for food is medicine. (*Hoag Levin*)

The success of food is medicine (FIM) requires an understanding of the specific human needs of patients being addressed. Yet, few health care interventions consider the varied circumstances

around an individual's food intake. In addition to accessibility and affordability, a primary component of Health Care by Food's research framework is the incorporation of a Human-Centered Design lens.

Human-centered design (HCD), also referred to as User-Centered Design (UCD), is a creative problem-solving approach that starts by identifying the human needs underlying the problem to be addressed and utilizes psychological and sociological techniques to unearth unexpressed and unrecognized needs in those being served. Those identified needs help researchers understand the true barriers to behavior change and enable more effective solutions.

Health Care by Food (HCXF) research grantee, **Alison Gustafson, PhD, MPH, RDN** applied UCD to develop a tailored FIM program using a screening decision tool to allocate patients to a program based on their preferences and resource constraints, while also balancing the cost of these programs. Gustafson, professor of nutrition at the University of Kentucky, and her research team conducted a mixed-methods study to gain deeper insights into the patient experience of screening, referral and enrollment processes for a FIM pilot study. Gustafson spoke to us about what she has learned from her research thus far.

HCXF: In general, can you tell us more about what you learned from this study?

Gustafson: *We learned that two modes of screening are key for enhanced engagement among participants. Both face to face and automated screening have a place in the FIM system which allows patients to answer honestly, reduce stigma and ensure trust between health care providers and patients.*

We also confirmed that there is no one-size-fits-all approach to FIM programs. A UCD approach is key to understanding from the patient's perspective what mode of delivery for FIM will work for their preferences, geographic location and resource constraints.

HCXF: What did you gather from doing this research?

Gustafson: *Our team is taking these findings further exploring how different cut points for blood pressure, food security and income level may fare better with different programs relative to other groups within the entire eligible sample. We also need to standardize the definition and operation of FIM programs to make comparisons across states.*

HCXF: What are the implications for further FIM research and for the field?

Gustafson: *Our next step is to develop and test a fully powered randomized controlled trial of a stepped care model, which can help to answer at what dose, in what format and for what length of time these programs are needed for clinical and cost effectiveness from a payor perspective.*

HCXF: How did patients perceive food insecurity screening in clinical settings?

Gustafson: *We learned that when patients have trust in their health care provider, they are comfortable answering the screening questions. However, if they don't trust their health care partner, then an automated version felt more comfortable and decreased shame for participants. Thus, from a system approach we recommend utilizing both modes across health sites when possible.*

HCXF: How did participants' experiences influence their decisions to accept or decline assistance?

Gustafson: *We achieved almost 75% in enrollment rate and 96% in engagement rate. Our findings point to how personalized interaction and user-centered engagement are key. For those that declined participation most participants cited embarrassment, lack of knowledge that the program was free and not wanting to share personal data. We recognized the importance of applying user-centered language when explaining the program upfront to ease concern about cost and sharing of personal data.*

HCMF: What insights did you gain from clinic staff about their role in screening and referral?

Gustafson: *Clinic staff were reluctant to screen if there weren't any free resources to offer their patients. Once clinic staff realized this program was free and could have long-term sustainability, they were willing to enhance their screening efforts. One suggestion is to create CPT (current procedural terminology) codes for referrals so clinic staff will be reimbursed for this step in the patient care system.*

HCMF: What strategies do you think could help reduce patient stigma or discomfort in future program designs?

Gustafson: *Allowing health care providers and health insurance partners to promote this program as a way to improve their health rather than as a handout.*

HCMF: Were there any process improvements you identified that could make FIM programs more accessible or acceptable?

Gustafson: *Our research points to the role that a referral hub or centralized system can have in increasing referral, enrollment and engagement. The Food as Health program in Kentucky creates a one stop shop which allows a system approach for referral and enrollment at one "hub." We recommend other states look at this model as a way to create the system approach including health care, insurance, food and evaluation.*

Food is medicine thought leaders discuss first annual field report



Funke Ajenikoko



Katie Garfield



Corby Kummer



Hilary Seligman

Health Care by Food released its first [Advances in the Food Is Medicine Field Annual Report](#) earlier this month, capturing the most significant progress in the field over the past year. The report details new research; the current policy landscape; lessons from collaborations, adoption, implementation and community involvement; as well as priorities for food is medicine (FIM) to have lasting impact. The report is designed to inform and equip stakeholders with the insights needed to drive the next phase of action—turning evidence into practice, and practice into lasting systems change.

Following the report's release, HCXF hosted a [complementary webinar](#) with thought leaders from the field who discussed the report's significance, key highlights and opportunities and challenges that lie ahead.

Funke Ajenikoko, MPH, manager of food is medicine for The Rockefeller Foundation, moderated the panel discussion with **Katie Garfield, JD**, director of whole person care, Center for Health Law and Policy Innovation, Harvard Law School; **Corby Kummer**, executive director of Food & Society, Aspen Institute; and **Hilary Seligman, MD, MAS**, professor of medicine, epidemiology and biostatistics, University of California, San Francisco. The webinar recording may be accessed [here](#).

Join HCXF at the Association's Scientific Sessions in November



Health Care by Food will showcase the growing food is medicine movement at the Association's premier global event in health and science. From foundational science and translational breakthroughs to clinical trials and real-world implementation, Scientific Sessions is designed to

give you knowledge you can apply in your practice, research and leadership.

Through a dynamic variety of venues and activities, HCXF is excited to share with the scientific community new insights from food is medicine research, policy and lived experience. You don't want to miss these unique opportunities November 8th-10th in New Orleans:

- **Food Is Medicine Pavilion** featuring expert conversations and key updates from across initiative pillars on the HCXF stage.
 - **Individual booths** representing the strength of the Association's food and nutrition portfolio and resources.
 - **Oral Pitch Contest!** In just 3-minutes contestants address the question: "*If you had \$10 million, what would you do to maximize impact in FIM research?*"
 - Members of the **Lived Experience patient advisory group** share their FIM journey.
 - **From pilots to practice:** Advancing engagement strategies and behavior change tactics to strengthen FIM intervention development and integration into health care.
 - **Food Is Medicine Pilots in Medicaid:** early outcomes, evaluation lessons, and the clinician's role.

- **Enlightening Panel Discussions** including: "Is HCXF is Bearing Fruits: Early results from FIM pilot projects."

- **Abstract sessions of interest:**
 - Dietary Intervention Trials and More - Sat. Nov 8 - 9:15am-10:30am CT
 - Dietary Patterns and Cardiovascular Health Outcomes - Sat. Nov 8 - 12:15pm-1:30pm CT
 - Food Insecurity & Cardiometabolic Health: From Evidence to Interventions – Sun. Nov 9 - 11:30am-12:30pm CT
 - Cardiovascular Nutrition: From Nutrients to Dietary Patterns - Mon. Nov 10 - 10:30-11:30am CT

[Register](#) today!

Register for Upcoming Behavioral Science Webinars

Health Care Food

Upcoming Webinar

Policies Related to Health & Food Interventions

Oct 21, 2025 | 3:30 – 4:30 pm ET

Speakers

Peggy J. Liu, PhD
Ben L. Fryrear Professor of Marketing, School of Business, University of Pittsburgh

Kelly L. Haws, PhD, MBA
Anne Marie and Thomas B Walker Chair, Professor of Marketing, Owen Graduate School of Management, Vanderbilt University

Speaker
Peggy J. Liu, PhD

Speaker
Kelly L. Haws, PhD, MBA



Scan to Register

Policies Related to Health & Food Interventions

October 21, Tuesday, at 3:30 - 4:30 pm ET | 2:30–3:30 pm CT | 12:30 - 1:30 pm PT

Speakers

Peggy J. Liu, PhD

Ben L. Fryrear Professor of Marketing, School of Business, University of Pittsburgh

Kelly L. Haws, PhD, MBA

Anne Marie and Thomas B Walker Chair, Professor of Marketing, Owen Graduate School of Management, Vanderbilt University

Description:

In the latest of HCXF's behavioral science webinars, this session will spotlight the REAL Food Public Policy Framework developed by Peggy J. Liu and Kelly L. Haws, which offers a behavioral science lens on how food policies can better support the diverse eating motivations of consumers. This webinar emphasizes how food decisions are influenced by various eating motivations such as taste, health, fullness, price, convenience, waste avoidance and social and cultural norms—and how policies can leverage this understanding to improve both individual and population health. The REAL framework (Restrictions, Economic levers, Accessibility, and Labeling) serves as a tool for designing strategies that drive engagement and behavior change in alignment with Food Is Medicine initiatives.

Please help shape this webinar with this brief [survey](#).



Health Care  Food

Upcoming Webinar

Human Story Adoption: Food and Health

Nov 4, 2025 | 3:30 - 4:30 pm ET

Speakers
Shawn Dennis
Board Member, CEO, CMO, Venture Partner, Adjunct Professor, and Brand Expert



Scan to Register

Human Story Adoption: Food and Health

November 4, Tuesday, at 3:30 - 4:30 pm ET | 2:30–3:30 pm CT | 12:30 - 1:30 pm PT

Speaker: Shawn Dennis, Board Member, CEO, CMO, Venture Partner, Adjunct Professor, and Brand Expert

Description:

There is a deep connection between what we eat and the stories we surround ourselves with. Belief has become a path to purchase. Integrating Social Purpose & understanding shifting generational norms has never been more relevant, more critical, and more confusing for food brands as well as Healthcare Professionals trying to integrate healthy eating into patient's lives. The goal of this webinar will be to build a deep understanding of the underlying drivers and connections between the stories we adopt in our lives and how we shift frictions around intent toward healthier eating. We will also look at the frictions around healthy eating and the importance of story adoption to address the difficulties of behavior change.

Events

Tufts 3rd Annual Food is Medicine National Summit
October 8-9 | Boston, MA and Virtual

World Food Day **October 16**

American Public Health Association APHA 2025 Annual Meeting
November 2-5 | Washington, DC

American Heart Association Scientific Sessions

November 7-10 | New Orleans

Epidemiology and Prevention | Lifestyle and Cardiometabolic Health

March 17–20, 2026 | Boston

Publications

Human-Centered Design to Tailor Telehealth Cardiac Rehabilitation to Diverse Populations: The MCNAIR Study | Journal of the American Heart Association, Health Care by Food research grantee, Alexis Beatty, MD, MAS

Temporal Trends, Patient Characteristics, and Outcomes of Type 2 Versus Type 1 Myocardial Infarction Among Medicare Beneficiaries | Circulation: Cardiovascular Quality and Outcomes, Health Care by Food research grantee, Ambarish Pandey, MD
