

Enhancing A Food Is Medicine Program With Coaching From Community Health Workers Shows Significant Improvements In Health Outcomes For People With Diabetes

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Disclosure

- The presenter, Maggie Wilkin, this study and the Healthy Food Rx program were funded by Abbott Fund, the philanthropic foundation of the global healthcare company Abbott.
- Photographs of slides are allowed



About Healthy Food Rx

- Healthy Food Rx is a primary component of the larger Future Well Communities (FWC) Initiative
- FWC is a network of organizations that work together to address **Social Determinants of Health** in Stockton, CA
- **6 months** of food boxes for adults with diabetes
- **Home-delivered** every other week (12 boxes total)
- Family-sized, **recipe-based meal ingredients**, plus produce, pantry staples, snacks
- Includes **recipe card** and access to **online cooking classes**
- **Healthy Food Rx has reached 2,100 adults with diabetes since 2021**



Research Question

Does adding Community Health Worker-led health coaching enhance diabetes-related outcomes in the existing Healthy Food Rx “Food Is Medicine” intervention?

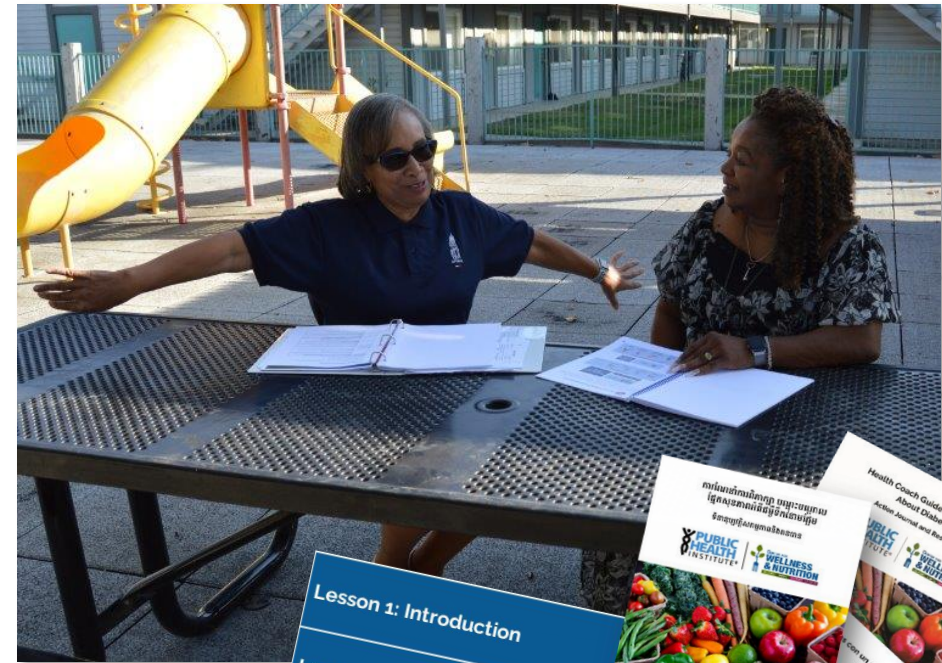


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Health coaching was co-created and implemented by Community Health Workers (CHWs)

- PHI CWN and APSARA CHWs co-created a culturally-relevant health coaching intervention
- CHWs provided one lesson via phone or in-person and 2 follow-ups calls per month for each participant
- Lesson plans and Action Plan Journal were available in English, Spanish, and Khmer
- CHWs administered surveys before and after the program



Survey Measures

- **Healthy Behaviors**

- Fruit and vegetable consumption
- Water consumption
- Physical activity

- **Self-reported Physical and Mental Health**

- **Food Insecurity**

- **Diabetes Self Management Tasks**

- Taking medications as prescribed
- Testing blood glucose
- Attending clinic appointments

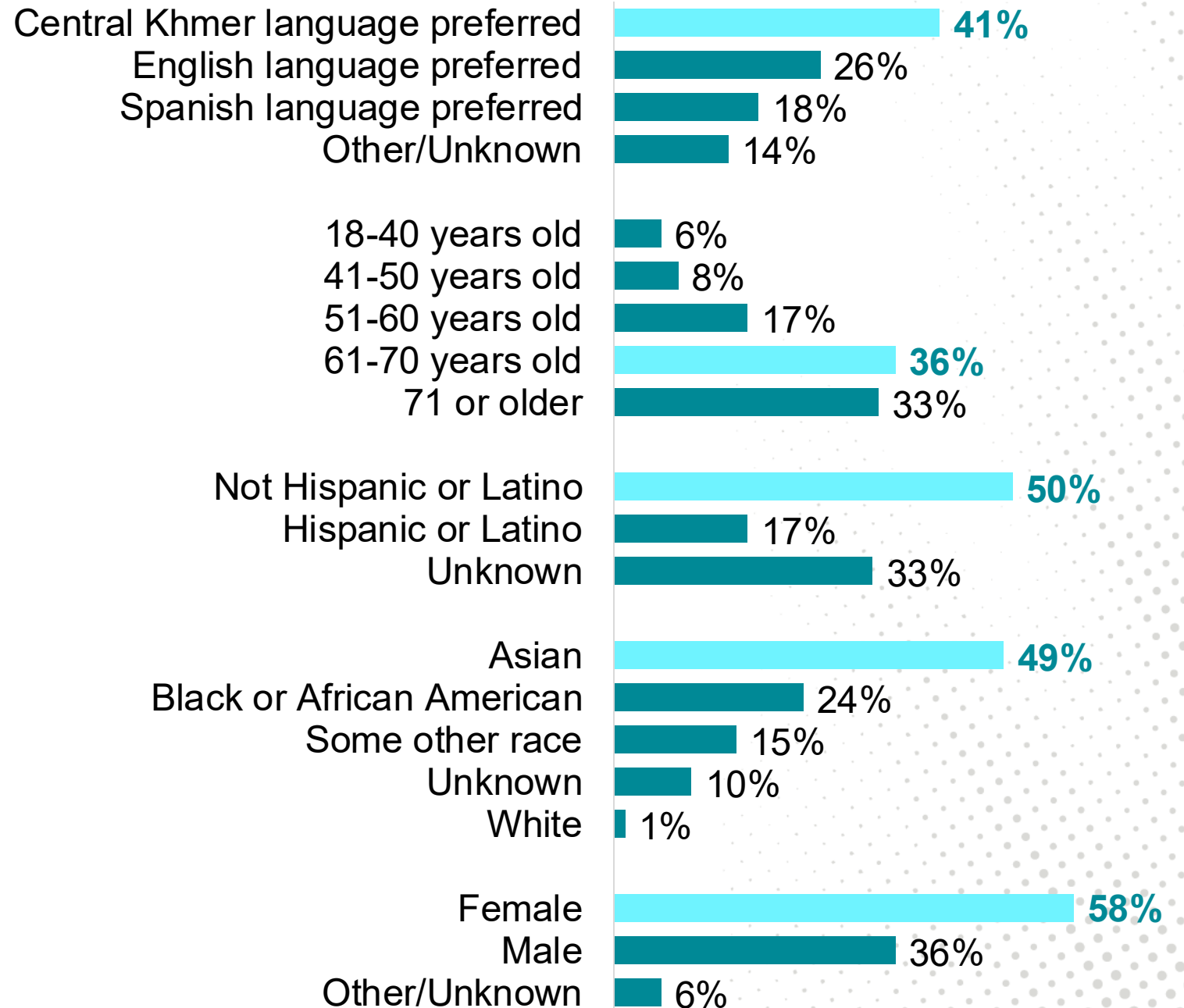
- **Demographics**

Findings



Study Sample

- These findings are from Rounds 1 and 2 combined (n = 284)
- A large proportion was Asian and spoke Central Khmer
- The majority were female
- Over 2/3 were over age 60



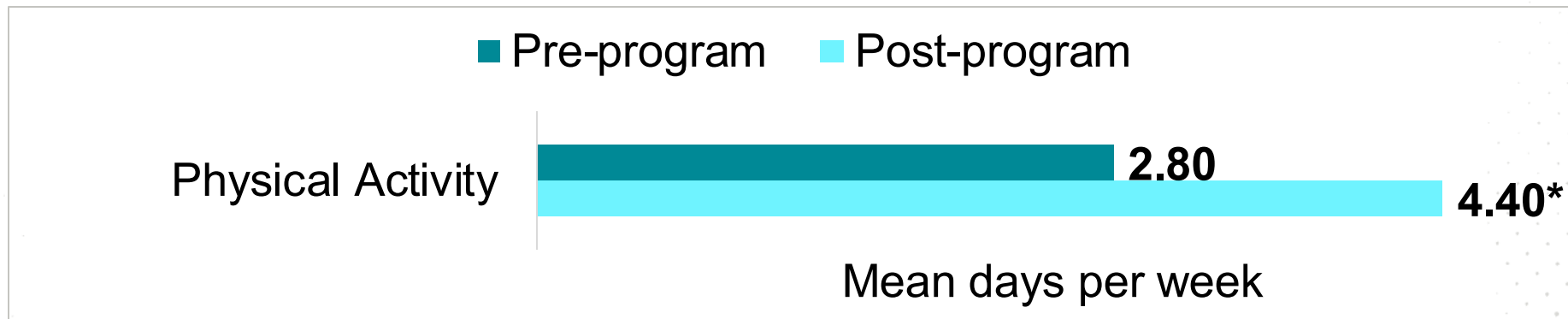
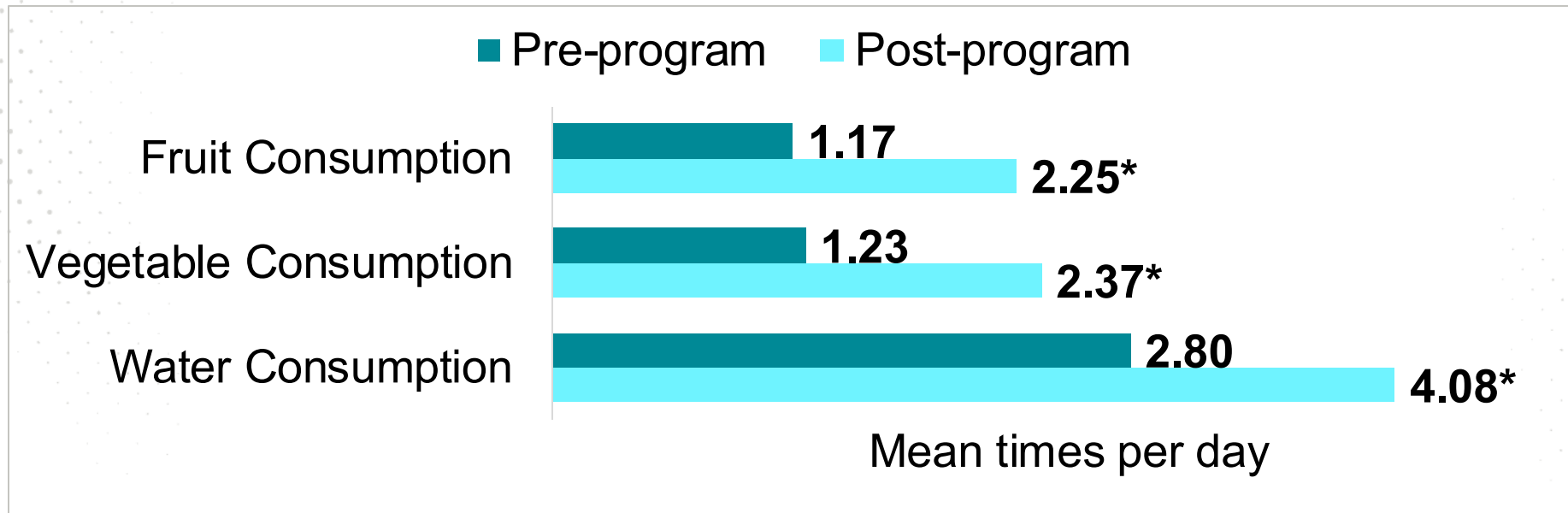
Food insecurity decreased



- Food insecurity was very high in this population, however a statistically significant decrease was seen after program participation ($p < 0.001$).
- Participants were considered food insecure if they responded “sometimes” or “always” to either of the following:
 - *“We worried whether our food would run out before we got money to buy more.”*
 - *“The food that we bought just didn’t last, and we didn’t have money to get more.”*

**Change from pre- to post-program was statistically significant based on a McNemar test, $p < 0.001$.*

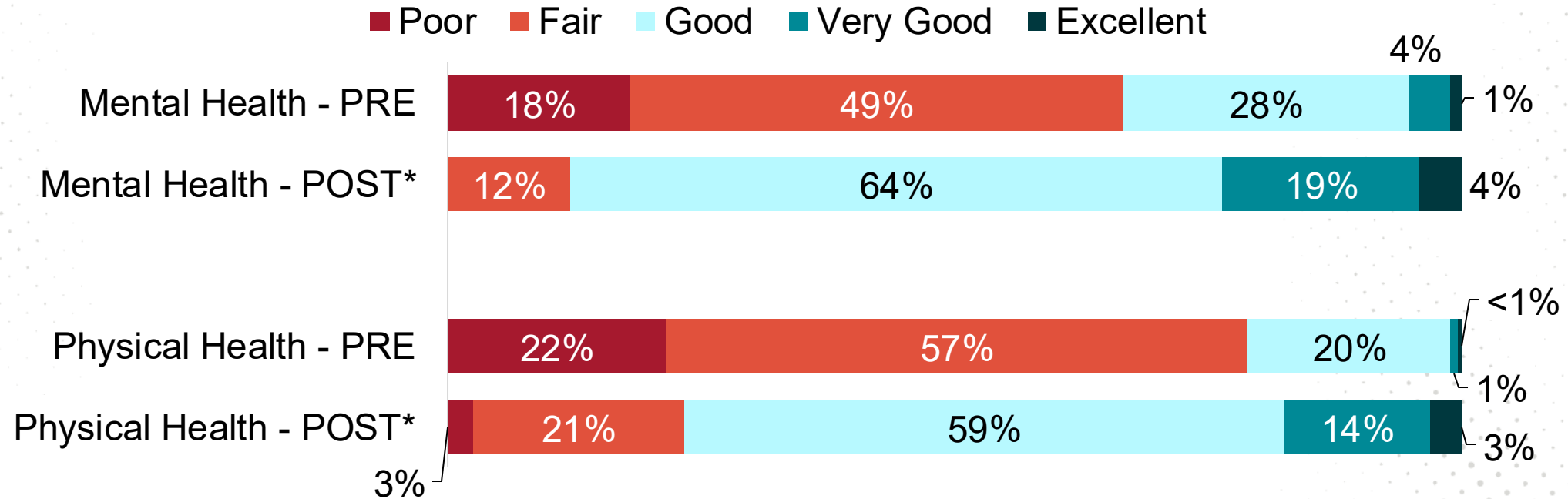
Healthy behaviors increased



After I started receiving the box with fruits and vegetables, instead of cookies and cake....it encouraged me to try and get away from the desserts. Go back to vegetables. So it- it really helped to change my mind.
- Health Coaching Client

*Change from pre- to post-program was statistically significant based on a paired t-test, $p < 0.001$.

Self-reported health status improved

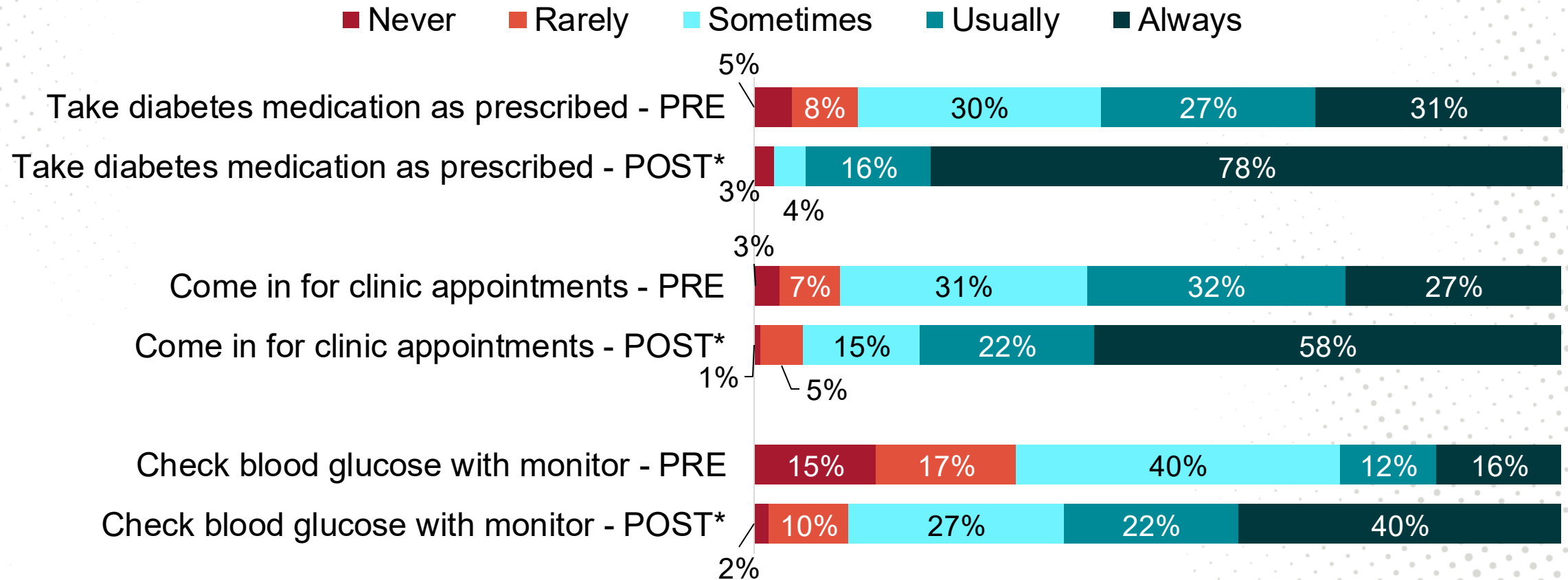


- Those reporting good, very good or excellent **physical health** increased from **21%** to **77%**
- Those reporting good, very good or excellent **mental health** increased from **34%** to **88%**

**Change from pre- to post-program was statistically significant based on a Wilcoxon signed rank test, $p < 0.001$.*

Note: numbers in figure may not add to 100% due to rounding.

Diabetes self-management tasks increased



*Change from pre- to post-program was statistically significant based on a Wilcoxon signed rank test, $p < 0.001$.

Note: numbers in figure may not add to 100% due to rounding.

Health coaching participants improved more than those with Healthy Food Rx alone

Study	6 month CMC (n = 319)			CMC RCT (Intervention only: n = 186)			Health coaching R1+R2 (n = 284)		
	PRE	POST	Change	PRE	POST	Change	PRE	POST	Change
Demographics									
% female	63%			51%			58%		
% Latino	79%			86%			17%		
% Asian	<1%			4%			49%		
% Black or African American	6%			2%			24%		
Age (% over 50)	69%			88%			86%		
Food Insecurity									
% Food insecure	67%	55%	-12%*	64%	62%	-2%	91%	76%	-15%*
Healthy Behaviors									
Fruit consumption (times per day)	1.80	2.10	0.30*	1.28	1.58	0.30*	1.20	2.30	1.10*
Vegetable consumption (times per day)	1.70	1.90	0.20*	1.27	1.64	0.37*	1.20	2.40	1.20*
Water consumption(times per day)	4.06	4.03	-0.03	3.77	4.16	0.39*	2.80	4.10	1.30*
Physical activity (days per week)	N/A	N/A	N/A	3.59	3.75	0.16	2.80	4.40	1.60*

*Change from pre- to post-program was statistically significant, $p < 0.05$.

Health coaching participants improved more than those with Healthy Food Rx alone

Study	CMC RCT (Intervention only: n = 186)			Health coaching R1+R2 (n = 284)		
	PRE	POST	Change	PRE	POST	Change
Self-reported health						
Mental Health, % good, very good or excellent	73%	83%	10%*	34%	88%	54%*
Physical Health, % good, very good or excellent	38%	63%	25%*	21%	77%	56%*
Diabetes-related activities						
Check blood sugar with a monitor (% usually or always)	62%	65%	3%	28%	62%	34%*
Go to clinic appointments (% usually or always)	95%	88%	-7%	60%	79%	19%*
Take diabetes medication as prescribed (% usually or always)	96%	91%	-5%	57%	94%	37%*

*...You have someone checking on you to see, 'hey...are you eating properly?' so I liked the follow-up of the program that I am getting from my [health coach] so it gives me an incentive to be better about my eating and my health.
- Health Coaching Client*

*Change from pre- to post-program was statistically significant, $p < 0.05$.

Study Limitations

- There was not a comparison group, limiting the ability to attribute changes directly to the program.
- Convenience sampling was utilized making the findings unable to be generalized to the larger population.
- Clinical data such as A1C were not available, not allowing for assessment of changes on glycemic control or other clinical outcomes.
- Due to the close and familiar relationship between CHWs and participants, potential courtesy or social desirability bias could have influenced responses.

Conclusion and Recommendations



CHWs are effective health care partners to address social determinants of health and help improve diabetes-related outcomes

- Invest in CHWs. They are cost-effective, relatable, and valued members of a care team
- Integrate social and clinical interventions to reduce health disparities
- Provide tangible support for patients through personalized health coaching and food boxes



Thank you, APSARA Community Health Workers!

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For more information about
Healthy Food Rx, please check
out our website.



<https://centerforwellnessandnutrition.org/healthy-food-rx-program/>



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