

2026

MID-POINT EVALUATION:

Food For All's
Food As Medicine
Wellness Circle
Pilot Program



TABLE OF CONTENTS

2 - Executive Summary

3 - Background

4 - Program Design & Evaluation

5 - Program Adaptation

6 - Evaluation Framework

7 - Evaluation Findings

7 - Improved Dietary Awareness & Healthier Eating Patterns

9 - Strengthened Chronic Disease Self-Management

11 - Mental & Emotional Wellbeing

12 - Social Connection & Community Engagement

13 - Physical Health Barriers & Adaptive Strategies

14 - Client Experience & Program Support

15 - Key Emerging Themes

16 - Limitations

17 - Lessons Learned

18 - Conclusion

19 - Appendix A - Infographic

20 - Appendix B - Case Study

EXECUTIVE SUMMARY

The Food As Medicine (FAM) Wellness Circle is Food For All (FFA) DC's pilot program addressing food insecurity, chronic disease, social isolation, and mental health challenges among vulnerable Washington, D.C. residents. Launched in June 2025, it combines medically tailored groceries, social engagement, mindfulness, and nutrition counseling for primarily homebound clients.



Midpoint evaluation findings (Jan–Feb 2026) show strong early impact, with all clients reporting increased fruit and vegetable intake, with most reducing processed foods (90%) and improving portion control (80%). Average self-rated progress was 3.71/5, alongside early improvements in A1C, blood pressure, and weight.

The addition of a Registered Dietitian strengthened outcomes by providing individualized guidance and improving client knowledge and self-efficacy. Participants also reported reduced isolation and improved emotional wellbeing through mindfulness and social connection offered through the program.

Overall, early results suggest the Wellness Circle is a promising, scalable model that integrates food, care, and social support to improve health outcomes and advance health equity.

BACKGROUND

The Food As Medicine (FAM) Wellness Circle is Food For All (FFA) DC's client-centered initiative, a holistic program that combines medically tailored groceries, social engagement, and mindfulness practices for mental health, the three crucial pillars that drive the program. These three pillars are coupled with personalized counseling for dietary change and general wellness support.

Rooted in Food For All's forty-year tradition of compassionate service, the Wellness Circle expands the organization's mission from food security to whole-person wellbeing, addressing the physical, social, and psychological aspects of health that shape quality of life for D.C.'s most vulnerable residents.

The implementation of the FAM Wellness Circle pilot program has been an iterative and adaptive process. The initial cohort of 13 participants, referred by case managers, consists primarily of individuals who are homebound or face significant barriers to accessing traditional food pantries. Barriers may include living with disability, chronic illness, frailty, or other limiting circumstances. Given the wide variation in participants' health conditions and life situations, the program has required a high degree of personalization. This level of tailoring has, in turn, demanded considerable rigor, coordination, and resource investment to meet each client's unique needs effectively.



PROGRAM DESIGN & EVALUATION

The FAM Wellness Circle was designed as a holistic pilot program that combines medically tailored food access, personalized wellness support, and dietary counseling.

The program was first implemented in June 2025 with an initial cohort of 13 clients. Over the course of the program, three clients transitioned out of the FAM Wellness Circle while continuing to receive services through FFA's main home delivery program.

Because the initiative was launched as a pilot model, it was structured to allow for iterative refinement as FFA staff identified opportunities to strengthen services. Client feedback throughout the process was highly encouraged and valued in order to shape the program model.





PROGRAM ADAPTATION

As a pilot initiative, the program allowed for adaptive learning during implementation. Early feedback from clients and staff informed adjustments to program structure and support services. One key development was the integration of a Registered Dietitian approximately halfway through the program's implementation period. The addition of the dietitian strengthened the program's nutrition education component, providing clients with more individualized guidance on meal planning, label reading, and disease-specific dietary considerations that initial staff could not substantially provide.

This iterative approach reflects the program's broader philosophy: **meaningful lifestyle change requires flexibility, responsiveness, and a willingness to refine services based on participant needs.** While the model continued to evolve during its early months, the mid-point evaluation already indicates positive trends in clients' health behaviors, wellbeing, and engagement.

KEY INSIGHT

The Wellness Circle operates from the principle that clients themselves set the pace of progress. Staff provide encouragement, resources, and evidence-based guidance, but the timeline and direction of change are shaped by each client's health status, readiness, and personal goals.

EVALUATION FRAMEWORK

The evaluation uses a mixed-methods pre-post design to capture both measurable health outcomes and client experiences. Data were collected through in-person semi-structured interviews, with audio recorded upon consent.

Quantitative measures include client self-ratings of goal progress using a five-point Likert scale (1 = no progress, 5 = great progress). For health indicators such as A1C, weight, and blood pressure, data are primarily based on client self-report from recall of recent lab results or communication with healthcare providers. Baseline clinical data were not consistently collected during intake. These limitations are further discussed in the Limitations section.



Qualitative data were analyzed to identify themes related to dietary behavior change, emotional wellbeing, chronic disease self-management, and social engagement. Beyond measuring outcomes, the evaluation also explores how clients experience the program and which elements most strongly support sustained behavior change.

Interview Prompt Examples:

Prompt: “Since starting, have you noticed changes in the types of foods you eat or how often you eat healthier foods?”

Prompt: “You mentioned managing [condition]. Have you noticed any changes in how you feel, your symptoms, or how you manage your condition?”

EVALUATION FINDINGS

Mid-point evaluation interviews were conducted between January and February 2026, approximately six months after program launch. Out of the ten active clients, eight provided consent to have their in-person interviews audio recorded and transcribed.

Overall, clients reported meaningful improvements across the program's three core pillars: nutrition and physical health, emotional wellbeing, and social connection. While progress varied based on individual health circumstances, several consistent themes emerged across interviews, as highlighted below.



Improved Dietary Awareness and Healthier Eating Patterns

Clients widely reported increased awareness of how food choices affect their health. Many described concrete dietary adjustments that supported their wellness goals.

Common changes included:

Reducing portion sizes (80%)



Increasing fruit and vegetable intake (100%)



Limiting sweets and processed foods (90%)

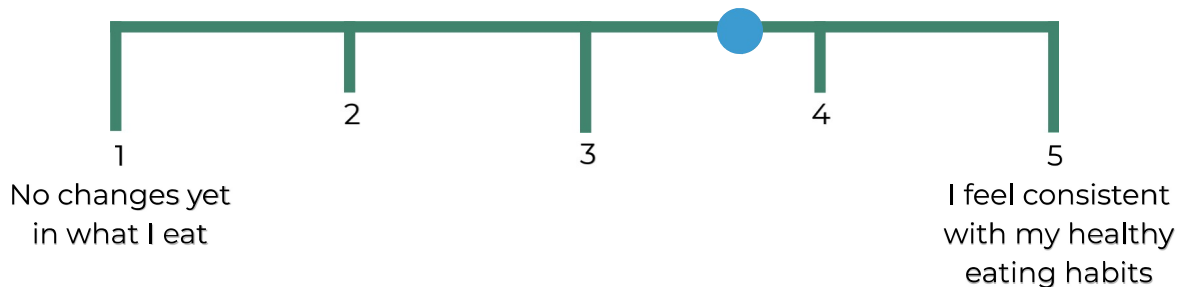


One participant described cutting bread consumption from four slices to two and replacing pastries with oatmeal and vegetables. Another reported transitioning away from processed meats toward cooking chicken at home to reduce sodium intake.

Clients also framed their dietary shifts as part of a broader mindset change (30%). One client explained that they now approach meals “with awareness,” intentionally choosing foods that support long-term health rather than immediate cravings.

Self-ratings further reinforce these behavioral changes, while also highlighting variability in day-to-day progress. On a 5-point Likert scale (1 = no progress, 5 = great progress), the average rating across seven clients was 3.71, suggesting moderate progress overall. Notably, three clients provided ranges rather than single scores, indicating that their progress fluctuates depending on the day. For example, one client rated their eating habits between 2 to 4 out of 5, reflecting inconsistency but an overall positive trajectory.

Average client self-rating of progress eating healthier food compared to before the program.



Strengthened Chronic Disease Management

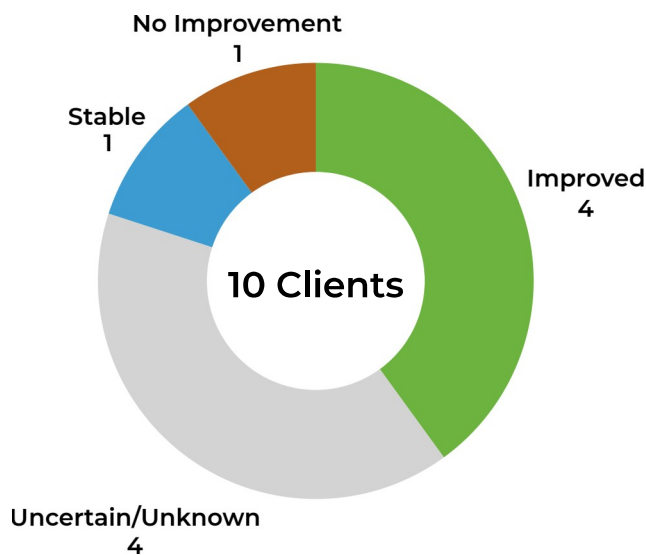
Clients reported improvements in chronic disease management, alongside meaningful gains in knowledge, confidence, and self-management skills, though consistent monitoring remains challenging for many participants.

NOTABLE IMPROVEMENTS

A1C Reductions:

11% to 8.1%
9.1% to 6.4%
6.1% to 5.8%

Self-Reported Health Status



Outcomes are primarily based on client self-reported data (e.g., recent lab results or communication with healthcare providers). Inconsistent monitoring limited outcome assessment for some participants.

See [Appendix B](#) for a full case study completed by the dietitian.



The integration of a Registered Dietitian midway through the program significantly strengthened these efforts. In addition to one-on-one guidance, the Registered Dietitian provides clients with accessible, actionable resources to reinforce learning and support sustained behavior change. These include tools such as MyPlate guidance, videos demonstrating simple at-home fitness exercises, and educational materials on topics like reading nutrition labels. Resources shared with clients are compiled on a rolling basis into a Wellness Circle Resource Manual, extending the impact of counseling beyond individual sessions and supporting independent decision-making.

Following this added support, clients reported greater confidence in monitoring their own health indicators and understanding how food choices influence these outcomes, with 50% noting increased confidence in this area. Participants also demonstrated increased self-efficacy in key nutrition skills, including reading nutrition labels, applying portion control strategies, and understanding how specific foods impact blood glucose levels. While these improvements were primarily self-reported, they reflect meaningful gains in knowledge and confidence that support long-term chronic disease self-management.

Importantly, clients emphasized that this support was delivered in a way that felt empowering rather than prescriptive. As one client shared,

“ She [the Registered Dietitian] does not try to change me; she enhances me. ”

This reflects the program’s broader client-centered approach, in which guidance is tailored to individual needs, preferences, and readiness for change.

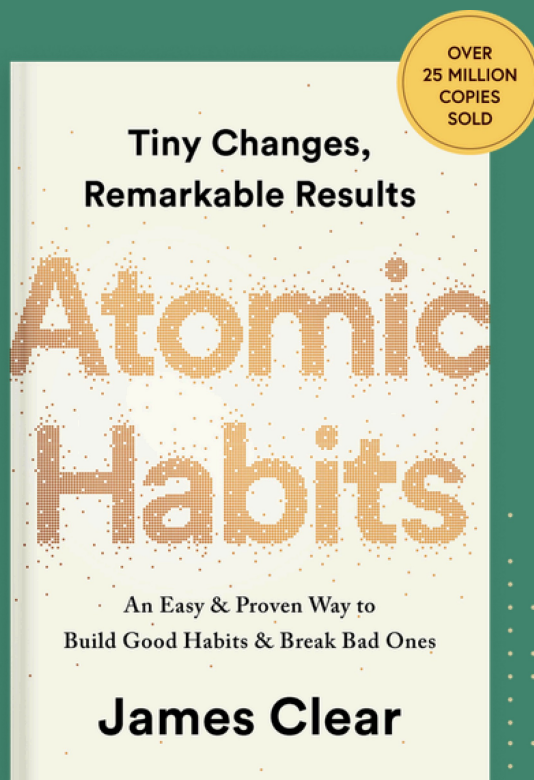


Mental & Emotional Welbeing

Clients frequently described improvements in emotional wellbeing and stress management. For some (20%), meditation and mindfulness practices offered through the program provided tools for managing anxiety, reducing uncertainty related to chronic illness, and improving sleep. One participant described meditation as helping them “worry less and feel peace of mind.”

Others (30%) reported increased motivation to seek external sources of emotional support after receiving the Wellness Circle’s services, including faith-based communities and creative activities such as writing or art.

One client also identified emotional eating as an ongoing challenge they were actively addressing, describing that they were learning to recognize emotional triggers and developing alternative coping strategies such as mindfulness, therapy, or creative expression.



In addition to dietary guidance, the Registered Dietitian also provided health behavior change resources, such as the book “*Atomic Habits*” by James Clear.



The three clients who decided to read the recommended book noted that it made a positive impact on their lives.



Social Connection & Community Engagement

The program's emphasis on social connection also emerged as a significant contributor to participant wellbeing.

Clients (20%) decided to expand community involvement through activities such as participation in Food For All volunteer activities, including sandwich-making for unhoused individuals and calls to other clients in the main delivery program. Others (30%) expressed interest in volunteering with FFA in the future.

One client who volunteers reported,

“

I volunteer to counterbalance the negativity in our world — to help create a pattern of giving that might one day become a template for the future.

”

Another client described the volunteer phone calls as an activity they “look forward to each week,” noting that it provides both purpose and social interaction.

For many individuals who had experienced prolonged isolation due to illness, mobility limitations, or mental health challenges, the program served as a stepping stone toward rebuilding social engagement and confidence.

Physical Health Barriers & Adaptive Strategies

While clients reported progress in several areas, interviews also highlighted structural and health-related barriers that affect lifestyle change. **Common barriers included:**



Mobility limitations due to injury or chronic illness (40%)



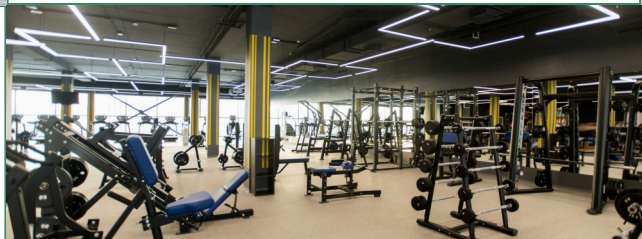
Transportation challenges (10%)



Winter weather conditions limiting physical activity (40%)



Access to safe exercise spaces (30%)



Despite these challenges, clients demonstrated adaptive strategies. Some began with small, achievable steps such as walking routines or simple exercises at home, while others explored local gym options. In one case, FFA helped a client secure transportation to a support group for the visually impaired.

These findings reinforce the importance of the program's flexible, client-centered model, which enables clients to pursue health improvements within the context of their personal circumstances.

Participant Experience & Program Support

Clients consistently reported positive experiences with the program's structure and services. For example, one client developed a strong bond with a regular volunteer delivery driver; the consistency of seeing the same person each week fostered a sense of safety and trust. This highlights the importance of stable, relationship-based support, particularly for individuals navigating mental and emotional wellbeing challenges.

With the program's personalized approach, strong efforts are made to stay in contact with clients. Over 6 months, approximately 230 interactions between clients and Wellness Circle staff were made. Examples of interactions include food deliveries, home visits, Zoom calls with the dietitian, and check-in phone calls or text messages.

Overall, clients described the program as both supportive and empowering, providing practical tools for improving health while also fostering motivation and hope.



KEY EMERGING THEMES

Across interviews, several overarching themes highlight the early impact of the Wellness Circle model:

Integrated nutrition support drives sustainable change

Medically-tailored food combined with personalized guidance supports sustainable dietary change.

Psychosocial factors are central to behavior change

Self-esteem and social support play a crucial role in enabling dietary change, while positive changes in diet reinforce individuals' sense of self-worth and overall wellbeing.

Incremental progress fosters adherence

Clients benefit from gradual, achievable steps rather than rigid lifestyle prescriptions, allowing for flexibility and long-term habit formation.

Ongoing human connection sustains engagement

Regular interaction, such as counseling, group spaces, and program touchpoints, plays a key role in maintaining motivation, accountability, and a sense of belonging.

LIMITATIONS

Several limitations should be considered when interpreting these findings. While early improvements in chronic disease outcomes are evident, inconsistent monitoring of key health indicators, such as blood pressure and A1C levels, limited the ability to fully assess program impact across clients.

Additionally, not all clients entered the program with baseline clinical data. During intake and midpoint assessments, some clients did not have measurable indicators, restricting the ability to track changes over time and conduct consistent cross-client analysis.

Program implementation constraints also influenced outcomes. Due to funding limitations, the Registered Dietitian (RD) was integrated midway through the program, resulting in variation in the level and duration of nutrition support received by clients. Earlier and more consistent integration of clinical expertise may have strengthened both behavior change and measurable health outcomes.

Finally, many outcomes, particularly those related to health indicators, are based on client self-reported data and may be subject to reporting bias.

Together, these limitations highlight opportunities to strengthen data collection, standardize monitoring practices, and ensure consistent delivery of program components in future iterations.



LESSONS LEARNED

These lessons translate key findings into actionable improvements to strengthen future implementation and impact.



Integrate clinical expertise from the outset

Ensuring that a Registered Dietitian is embedded from the beginning of the program will provide more consistent nutrition support and may enhance both behavior change and measurable health outcomes.



Standardize baseline data collection

Collecting key clinical indicators (e.g., A1C, blood pressure) at intake is essential for tracking progress over time and demonstrating program impact.



Enhance monitoring and data collection practices

Supporting clients in regularly tracking health indicators, and improving consistency in data collection methods, will strengthen outcome measurement and evaluation rigor.



Strengthen care coordination and referral pathways

Improved communication with healthcare providers and case managers can support more coordinated care and ensure access to relevant clinical data.



Improve tracking of participant engagement

More systematic documentation of client touchpoints, including outreach and resource-sharing, will provide deeper insight into engagement patterns and their relationship to outcomes.

CONCLUSION

Findings from this mid-point evaluation demonstrate early promise for the Food As Medicine (FAM) Wellness Circle model. Clients engaged across all three pillars—nutrition, social connection, and mental wellbeing—resulting in meaningful improvements in health behaviors, confidence, and overall wellbeing.

A key strength of the model is its emphasis on relationship-based support. Trust, consistency, and social connection play a critical role in helping clients build confidence as they make and sustain healthier habits.

The pilot also highlights opportunities to further enhance client outcomes. Strengthening onboarding processes, improving care coordination, and ensuring consistent collection of baseline and follow-up health data will support more robust outcome tracking and deepen program impact.

Overall, the FAM Wellness Circle shows strong potential for growth. With continued refinement, the model is well-positioned to scale to larger cohorts while maintaining the personalized, relationship-centered approach that drives its success.



APPENDIX A



MID-POINT EVALUATION SUMMARY

Food For All DC's pilot Food As Medicine Wellness Circle consists of 10 clients. Evaluation results were based on recorded interview transcripts with 8 clients.

Dietary Improvements Are A Major Area of Progress

Clients report stronger awareness of food choices and healthier routines.



Key changes include:

- Smaller portion sizes
- Increased vegetables and whole foods
- Reduced sugar and processed foods
- More home cooking and intentional meal planning



Food is Supporting Chronic Disease Management

Clients are actively connecting nutrition to managing chronic health conditions.

Examples of reported improvements:

- Lower A1C levels
- Weight loss
- Improved cholesterol levels
- More stable blood pressure

Mental Health and Emotional Support Matter



Many clients had positive feedback about the program's guided meditations, describing emotional wellbeing as key to health behavior change.

Improved mental health encouraged clients to pursue:

- Faith-based support
- Therapy or counseling
- Creative activities and hobbies

Social Connection and Purpose Are Important

Clients expressed interest in rebuilding community engagement and purpose.

Examples mentioned:

- Volunteering with Food For All
- Church participation
- Public speaking or community activities



Physical Activity Progress Is Slower Due to Barriers

Clients want to increase activity but face structural challenges.

Common barriers:

- Mobility limitations or injuries
- Chronic pain
- Transportation barriers
- Winter weather
- Limited exercise access



Strong Program Satisfaction

Clients consistently reported positive experiences with the program.

Clients highlighted:

- High-quality, varied food
- Food aligned with dietary needs
- Personalized nutrition support
- Reliable and respectful food delivery

APPENDIX B

Case Study: Integrated Nutrition and Behavioral Support for Chronic Disease Management

Client Profile and Clinical Complexity

The client is a 67-year-old woman with a complex and high-risk medical profile characterized by long-standing cardiometabolic disease, renal vulnerability, and significant psychosocial stressors. Her medical history includes Type 2 diabetes mellitus (with prior diabetic ketoacidosis and long-term insulin use), severe hypertriglyceridemia, hyperlipidemia, hypertension, and obesity. She also presents with recurrent calcium oxalate kidney stones, borderline reduced kidney function (eGFR 68 mL/min/1.73m²), elevated uric acid levels contributing to gout, and IBS with constipation. Her surgical history, including a right knee replacement, further limits mobility and physical activity.

In addition to this clinical complexity, the client faces significant psychosocial challenges, including a history of trauma, depression, prior homelessness, and limited social support. These factors contribute to food insecurity, emotional eating patterns, and inconsistent engagement with structured care.

Baseline Risk and Dietary Patterns

At intake, the client presented with metabolic instability and a dietary pattern characterized by irregular meal timing, high intake of refined carbohydrates and added sugars, frequent consumption of processed foods, and limited vegetable intake. This combination of medical and behavioral risk factors placed her at elevated risk for disease progression, acute metabolic complications, and avoidable use of healthcare resources.

Program Intervention

Within this context, the FAM Wellness Circle provided an integrated intervention combining medically tailored grocery delivery with structured nutrition counseling. Food provision was aligned with the client's clinical conditions, including diabetes management, triglyceride reduction, renal protection (with oxalate guidance), gout management, and gastrointestinal considerations.

In parallel, the client received weekly counseling from a Registered Dietitian, focused on translating tailored food support into measurable health outcomes. Counseling emphasized practical and sustainable strategies, including establishing consistent meal patterns, pairing protein with vegetables to support blood glucose regulation, applying portion control for carbohydrates, and improving label literacy. Behavioral strategies were also central to the intervention, including identifying emotional eating triggers, reducing access to trigger foods, and using habit-based approaches to support gradual, sustained change.

Outcomes

These combined interventions produced measurable improvements within 8–12 weeks. The client achieved a reduction in A1C from 6.1% to 5.8%, alongside a 22% reduction in sugar intake and a 37% reduction in dietary cholesterol. They also demonstrated improved macronutrient balance, increased intake of vegetables and fiber, reduced soda consumption, and greater consistency in meal structure. Importantly, these outcomes were achieved without hospitalization, medication escalation, or intensive clinical intervention.

Clinical and Behavioral Significance

This case illustrates the importance of aligning food access with clinical need. Medical nutrition therapy (MNT) has been shown to reduce A1C by 0.3–2.0 percentage points in individuals with diabetes, an effect comparable to some pharmacologic therapies (Evert et al., 2019). In contrast, standard food assistance programs may inadvertently exacerbate chronic disease risk when food provision is not tailored to specific conditions (Grundy et al., 2019; Grundy et al., 2021; KDIGO, 2020).

The integration of medically tailored food with structured counseling also addresses key behavioral and psychosocial drivers of chronic disease. Trauma exposure and emotional dysregulation are associated with maladaptive eating patterns and poorer metabolic outcomes (Felitti et al., 1998; Miller et al., 2011). By combining environmental modifications, nutrition education, and habit-based strategies, the program supports both physiological and behavioral stabilization.

Health System Implications

From a systems perspective, these interventions have important implications for healthcare utilization and cost. Individuals with diabetes incur average annual medical expenditures of approximately \$16,752, with \$9,600 directly attributable to diabetes-related care (American Diabetes Association, 2023). Chronic kidney disease further increases costs, with end-stage renal disease exceeding \$90,000 annually per patient

(USRDS, 2023). Hospitalizations related to acute pancreatitis or cardiovascular events can exceed \$20,000–\$40,000 per admission (AHRQ, 2020). Evidence indicates that medically tailored meal programs are associated with reduced healthcare utilization and lower overall expenditures among high-risk populations (Berkowitz et al., 2019).

Conclusion

Overall, this case demonstrates how integrating medically tailored nutrition with behavioral and clinical support can improve metabolic outcomes, reduce risk factors, and enhance self-management in medically complex, food-insecure individuals. When delivered within a structured, relationship-based model, food functions not merely as sustenance, but as a targeted therapeutic intervention that supports long-term health and reduces avoidable healthcare utilization.

Reference List

American Diabetes Association. (2023). *Economic costs of diabetes in the U.S. in 2022*. *Diabetes Care*, 46(4), 842–851. <https://doi.org/10.2337/dci23-0001>

Agency for Healthcare Research and Quality. (2020). *Healthcare cost and utilization project (HCUP) national inpatient sample*. U.S. Department of Health and Human Services. <https://www.hcup-us.ahrq.gov>

Berglund, L., Brunzell, J. D., Goldberg, A. C., et al. (2012). Evaluation and treatment of hypertriglyceridemia: An Endocrine Society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, 97(9), 2969–2989. <https://doi.org/10.1210/jc.2011-3213>

Berkowitz, S. A., Terranova, J., Randall, L., et al. (2019). Association between receipt of a medically tailored meal program and healthcare use. *JAMA Internal Medicine*, 179(6), 786–793. <https://doi.org/10.1001/jamainternmed.2019.0198>

Evert, A. B., Dennison, M., Gardner, C. D., et al. (2019). Nutrition therapy for adults with diabetes or prediabetes: A consensus report. *Diabetes Care*, 42(5), 731–754. <https://doi.org/10.2337/dci19-0014>

Felitti, V. J., Anda, R. F., Nordenberg, D., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4), 245–258.

Grundy, S. M., Stone, N. J., Bailey, A. L., et al. (2019). 2018 AHA/ACC guideline on the management of blood cholesterol. *Circulation*, 139(25), e1082–e1143.

Grundy, S. M., et al. (2021). 2021 ACC expert consensus decision pathway on the management of hypertriglyceridemia. *Journal of the American College of Cardiology*, 78(9), 960–993.*

Kidney Disease: Improving Global Outcomes (KDIGO). (2020). KDIGO 2020 clinical practice guideline for diabetes management in chronic kidney disease. *Kidney International*, 98(4S), S1–S115.*


United States Renal Data System. (2023). *USRDS annual data report: Epidemiology of kidney disease in the United States*. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases.



THANK YOU

Thank you to our partners and supporters for making the Food As Medicine Wellness Circle possible.

CONTACT US

 (202) 642-6660

 info@foodforalldc.org

 foodforalldc.org