
Kraft Prize Questions

Congratulations on being selected as a top-ranked applicant for the 2026 Kraft Prize for Excellence and Innovation in Community Health!

As part of the next phase of the review process, we ask that you respond to a few specific questions that will help us better understand your program. You can reply directly to the questions below with 1-3 sentences per question. Please send your responses with your video submission as an attachment to Maddie Davies, medavies@mgh.harvard.edu, and Craig Regis, cregis1@mgh.harvard.edu by **June 12, 2026 at 6 PM ET**.

Questions

- 1. Please provide more details on your target population, specifically where are you currently operating (i.e. how many states), and what proportion of your clientele are Medicaid members or fall below 200% of the poverty line?**

Nudj Health currently serves patients across more than 40 states through partnerships with health systems, physician groups, employers, and community organizations. Our population includes commercially insured, [Medicare](#), and Medicaid beneficiaries with chronic conditions such as cardiovascular disease, diabetes, obesity, chronic pain, anxiety, and depression, with many patients facing significant social and economic barriers to health. We have served more than 2,300 Medicaid beneficiaries and routinely work with populations experiencing food insecurity, transportation barriers, housing instability and we are actively partnering with enrolling members from NCOs nationwide.

- 2. Please describe the feasibility and acceptability of the technology in your target population. Are there any elements of the tech design that may pose barriers to some populations (e.g. internet requirements) and how are those barriers overcome?**

Our model is built on the Collaborative Care Model (CoCM), an evidence-based approach supported by more than 90 randomized controlled trials and multiple meta-analyses demonstrating improved clinical outcomes, patient satisfaction, and lower healthcare costs across diverse populations. Because CoCM was originally designed as a telephone-enabled care model, participation does not require advanced technology, broadband internet, or high digital literacy. Our technology is designed to support and enhance, not replace, human care and Nudj has delivered care to over 17,000 patients nationwide. To overcome any barriers, such as,

internet access, digital literacy, or cognitive limitations, we provide onboarding support, telephone-based care, caregiver involvement when appropriate, and non-digital participation pathways, enabling us to successfully serve more than 17,000 patients nationwide across diverse populations.

- 3. The review committee is interested in more information/specificity for the outcomes you mentioned in your application – for example, you mention “meaningful reductions” in PHQ-9 and GAD-7 scores.**

Corewell Health, the largest health system in Michigan, [published an analysis of health outcomes for more than 3000 Nudj](#) participants achieved a 44% reduction in depression symptoms, 39% reduction in anxiety symptoms, 59% reduction in insomnia severity, 6% average weight loss, and meaningful improvements in cardiometabolic risk factors. In a follow up Corewell Health [12 month pre and post cost savings analysis of 660 patients](#) who completed more than 4 months of Nudj whole person interventions distributed across different payer types (47%- Commercial 36%- Medicare 17% Medicaid), these health improvements were accompanied by substantial reductions in healthcare utilization, including 73% fewer mental health encounters and 51% fewer coronary heart disease-related encounters among program completers, resulting in an estimated \$3,230 in direct healthcare cost savings per patient per year.

- 4. Are you able to demonstrate measurable reductions in morbidity/mortality?**

While we have not yet collected long-term mortality data, we have demonstrated significant improvements in multiple validated risk factors including, [disease remission](#), associated with morbidity and premature mortality, including mental health, sleep, obesity, physical activity, cardiometabolic health, and chronic disease management. We have also observed meaningful [reductions in disease-specific healthcare utilization and improvements in quality of life, symptom burden, medication reliance, and overall health status](#), suggesting a measurable impact on chronic disease morbidity at scale. These improvements have been obtained across demographics and access, including [Medicaid members](#) below the poverty line.