The Role of the Public Health Community in Advancing Food Is Medicine

APHA | FOOD AND NUTRITION SECTION

Introduction

The APHA Food and Nutrition Section (FNS) is an interdisciplinary group of public health practitioners who collaborate and lead programs and research to advance nutrition and health for individuals and across local, state, national, and global communities. This FNS document describes the food is medicine (FIM) movement and the specific healthy food-based interventions that complement clinical care advice for individuals with or at risk for diet-related chronic diseases. Beyond this use as a "clinical prescription," food nourishes and restores body function, extends culture and family relationships, satisfies tastes, and provides economic livelihoods—all considerations for making strategic changes to eating and healthy food acquisition behaviors.

This document describes how public health practitioners can add value to and advance FIM interventions and the actions they can take to ensure FIM program participants will have the resources, knowledge, access, and empowerment to sustain long-term healthy food choices and practices after clinical interventions conclude. Specific case studies for the partnership of FIM with public health initiatives described in this document illustrate the variations in settings, populations enrolled, FIM interventions, longevity, funding sources, and measured outcomes of the public health and health care linkages.

Defining Food Is Medicine

The FIM movement provides a framework for addressing diet-related chronic diseases through clinical prescriptions of specific healthy food, along with dietary and culinary instruction in healthcare settings, community organizations, places of worship, and farmers markets. Box 1 presents the National Institutes of Health (NIH) definition for FIM and the spectrum of primary FIM interventions. These interventions are supported by population-level food policies and programs, such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP), which work synergistically with FIM programs to improve access to healthy food and nutrition education. Indeed, the U.S. Department of Health and Human Services Federal FIM Collaborative notes that FIM "encompasses a broad range of approaches that promote optimal health and healing and reduce disease burden by providing nutritious food—in conjunction with human services, education, and policy changes—through collaboration at the nexus of health care and community."[1]

Box 1. Definition and examples adapted from National Institutes of Health (NIH) definition of food is medicine[2]

Food Is Medicine (FIM): An umbrella term for programs that respond to the critical link between diet and health involving a nexus to the healthcare system and the provision of different services including:

- Medically tailored meals and groceries
- Medically supportive meals and groceries
- Nutrition food referrals
- Pantry stocking
- Food pharmacies
- Prescriptions for produce and nutritious groceries
- Culinary medicine or teaching kitchens
- Nutrition support
- Dietary advice and counseling

FIM interventions are intended to last for a set period of time and are usually provided free or subsidized for the recipient.[3] The nutrient dense, food-based interventions have been shown to improve diet quality and nutrition security[4], to bring about some positive impact on biomarkers of diet-related disease (blood pressure (BP), hemoglobin A1c

[1]U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Understanding Food is Medicine. https://odphp.health.gov/foodismedicine/understanding-food-medicine
[2]Lynch, C. *Concept Clearance - Food is Medicine Networks or Centers of Excellence.* Bethesda, MD: Division of Program Coordination, Planning, and Strategic Initiatives, National Institutes of Health, Department of Health and Human Services, 2022. https://dpcpsi.nih.gov/sites/default/files/Day-1-155PM-ONR-Concept-Food-is-Medicine-Lynch-background-508.pdf
[3]Downer, S., Berkowitz, S. A., Rogers, B. L., Chen, D. S. L., and Mozaffarian, D. (2020). Food is medicine: Actions to integrate food and nutrition into healthcare. *BMJ, 369,* m2482. https://doi.org/10.1136/bmj.m2482
[4]Sharma, V., and Sharma, R. Food Is Medicine Initiative for Mitigating Food Insecurity in the United States. *Journal of Preventive Medicine and Public Health* 57, no. 2 (March 2024): 96–107. https://doi.org/10.3961/jpmph.23.505

(HbA1c), body-mass index, and to lower hospital readmissions associated with diet-related conditions.[5] Nutrition education and counselling often accompany FIM programs, though the content, frequency, format, and expertise of educators vary widely.[6] Higher quality, larger scale, and longer-term research is needed to document the real-world effects on clinical and health care cost outcomes. Such research is also needed to establish universally accepted nutrition standards, terminology, client/patient eligibility, reimbursement, and funding mechanisms that will be essential for continuous public and private support of all FIM interventions.[7] To date, recruitment barriers, eligibility criteria, length and tailoring of intervention, measurement burden, funding sources, and stated objectives vary among healthcare settings, preventing broad sharing and evaluating best practices.

Sustainability of funding for FIM initiatives will depend on solid evidence of quantitative improvements in nutrition security, food choices, cooking skills, health indicators, health care utilization, and savings in pharmaceutical and health care costs. To extend the reach and sustainability of FIM interventions, it is essential to embed FIM interventions in community structures, engage community populations, foster support from local economic interests, and build alliances with the community healthcare systems. For additional guidance, important national FIM initiatives and resources appear at the end of this document.

The Roles of Public Health Practitioners in FIM

FIM initiatives best function at the intersection of public health and health care. Public health professionals provide expertise in policy recommendations and strategy, convening partners, leveraging and providing community-based resources, and engaging community members in the processes of development, implementation, and evaluation. Healthcare professionals provide expertise in clinical treatment, measurable health outcomes, data collection, and healthcare plan management. Registered dietitians are also key partners, whether practicing in public health or health care settings, based on their training in medical nutrition therapy, menu planning for chronic disease prevention and management, and community nutrition services.

The Make America Healthy Again Strategies document promoted under the Trump administration emphasizes the connection among nutrition, physical activity, and

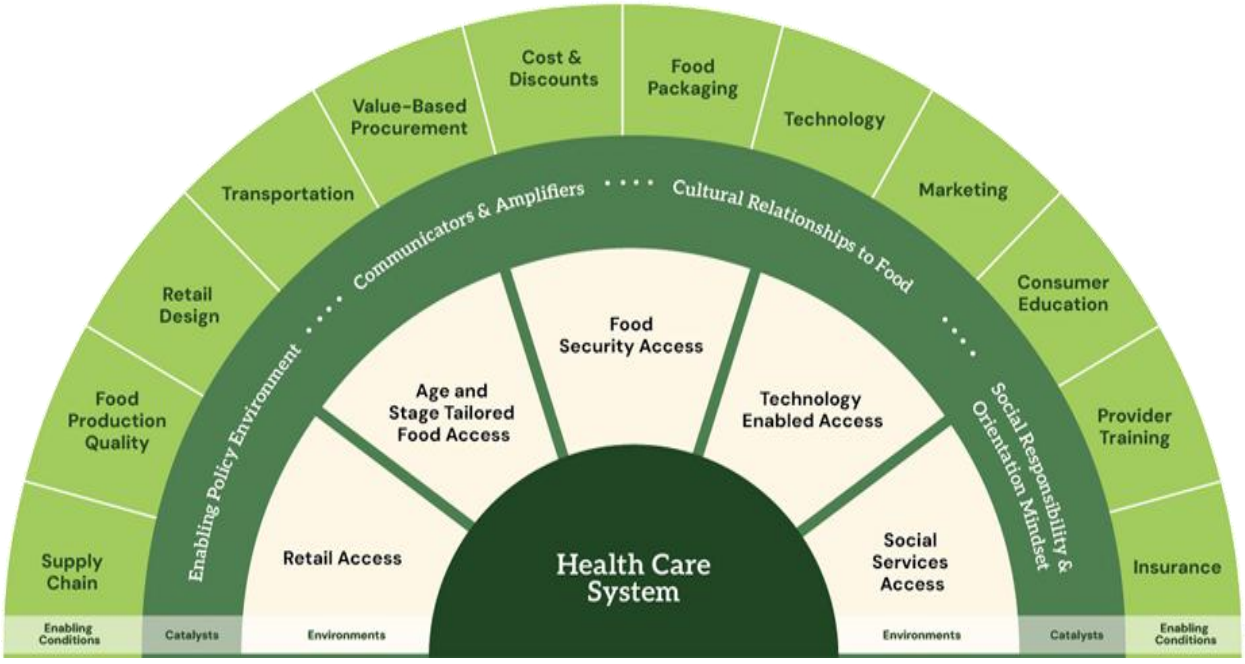
[5] Food and Society at the Aspen Institute. *Food is Medicine Research Action Plan.* Washington, DC: The Aspen Institute, 2024. https://aspenfood.org/wp-content/uploads/2024/04/Food-is-Medicine-Action-Plan-2024-Final.pdf
[6] Short, E., Akers, L., Callahan, E.A., Cilburn Allen, C., Crespo-Bellido, M., Deuman, K., Dimond, E., Hollowell, C., López, M.A., and Anderson Steeves, E. The Role of Registered Dietitian Nutritionists within Food Is Medicine: Current and Future Opportunities. *Journal of the Academy of Nutrition and Dietetics* 125, no. 8 (August 2025): 1075–84. https://doi.org/10.1016/j.jand.2025.03.004
[7]Schwartz, C., A. Wohrman, S. Downer, S. A. Berkowitz, and D. Mozaffarian. What Is Food Is Medicine, Really? Policy Considerations on the Road to Health Care Coverage. *Health Affairs* 44, no. 4 (2025). https://doi.org/10.1377/hlthaff.2024.01343
6 O'Neil, D., J. Muse, and J. Robinson. Behind the Research: What 25 Food Is Medicine Studies Reveal about Real-World Challenges and Successes. Presented at the APHA 2025 Annual Meeting and Expo, Washington, DC, October 26–29, 2025. https://apha.confex.com/apha/2025/meetingapp.cgi/Paper/571473

chronic disease prevention and management through healthy school meals.[8] FIM programs provide an opportunity to address social risk factors and strengthen the relationships between public health and health care sectors.

Public health practitioners work in a variety of capacities (health educators, nutritionists/dietitians, community health workers, nurses, social workers, physicians) and settings (government, non-profit, community-based organization, academic). Based on their education and training, they can contribute their expertise, connections, and leadership to advance FIM in various ways in the community. They work to sustain health improvements, nutrition security, cost savings, and well-being of communities through public health programs, clinical settings, and policy or system changes.

To fit the concepts of FIM and the health care system into the broader ecosystem of public health, HHS developed the *Food Is Medicine Ecosystem*.[9] Figure 1 illustrates on its perimeter the factors and inputs in the community that are needed to enable sustainable healthy eating after participation in FIM interventions and associated nutrition education. As identified in the dark green banner, communications, culture, policy and one's mindset complicate individual choices, while the inner beige circle highlights the environment and public health factors critical to FIM outcomes.

Figure 1. Food Is Medicine Ecosystem, U.S. HHS Food Is Medicine Landscape Summary



[8]The White House. *Strategy Report Make Our Children Healthy Again.* Washington, DC, 2025.https://www.whitehouse.gov/wp-content/uploads/2025/09/The-MAHA-Strategy-WH.pdf
[9]U.S. Department of Health and Human Services. *The U.S. Food is Medicine Ecosystem: A Landscape Summary.* Washington, DC: Office of Disease Prevention and Health Promotion, 2024. https://health.gov/sites/default/files/2024-09/Food%20Is%20Medicine%20Landscape%20Summary%20FINAL%20508.pdf

Public health nutritionists and other practitioners can help to optimize FIM development and implementation through a myriad of tactics:

- Plan and deliver FIM interventions.
- Refer eligible community members to food/social assistance and, with permission, provide feedback about participants participation and progress to clinicians through system integration.
- Educate on healthy food choices, culinary practices, and food budgets.
- Motivate behavior changes.
- Engage local community members and leaders for input and coordinate with local activities.
- Connect with farmers markets, grocery stores and community gardens.
- Collect data and evaluate interventions.
- Spearhead long-term, high-quality research on FIM community-based projects.
- Advocate for policies and system changes.
- Engender sustained support and collaboration from agriculture, food retail, other business communities, health insurance companies, foundations, and health care institutions.

The broader public health infrastructure buttresses the FIM interventions by providing longer term nutrition assistance, social assistance and public health programs. These resources include:

1. Food assistance and nutrition resources such as Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), National School Lunch and Breakfast Programs (NSLBP), Child and Adult Care Food Program (CACFP), and the HHS Senior Nutrition Program
2. Environmental supports for healthy food, such as farmers' markets and stores selling produce and other healthy foods
3. Community-based food production resources such as community gardens and food hubs.
4. Delivery-based health resources through Federally Qualified Health Clinics (FQHC), hospitals, WIC clinics, and social services

Tactics for Public Health Practitioners to Introduce, Support, and Advance FIM Initiatives

To introduce, support, and advance FIM initiatives, public health practitioners can assume many different roles akin to those they undertake on other public health issues to optimize impact and ensure sustainability.

1. Assess Needs and Engage Community

- Identify and survey community and healthcare organizations, review existing hospital community health needs assessments (CHNAs), assess what FIM interventions currently exist, and offer support, as needed.
- Explore existing options for partnerships and funding support among food resources, agricultural interests, educational institutions, health professional groups, healthcare/medical institutions, chambers of commerce and business leaders, foundations, and community-based organizations (CBOs) working on health and nutrition.
- Seek resources from and collaborate with the Food Is Medicine Coalition (FIMC) [https://fimcoalition.org/], a national coalition of nonprofit organizations that provide medically-tailored meals (MTMs) and groceries (MTGs) as well as medical nutrition therapy and nutrition counseling and education to people in communities across the country living with severe and chronic illnesses. FIMC agencies created the medically-tailored meal model and maintained the nutrition standards for the intervention.
- Engage community members and leaders to determine preferences for FIM interventions, culturally appropriate food items, and availability of time, transportation, abilities, and funds for healthy food sources and education opportunities.
- Conduct outreach to community-based entities such as food banks, housing authorities, childcare centers, schools, religious organizations, military bases, and veterans' groups to identify referral sites.
- Document local rules and policies that may facilitate or restrict food interventions at healthcare locations or health assessments in food distribution locations.
- Survey other counties, cities, or adjacent state policies to identify ideas and best practices and assess the political environment and trends.
- Strengthen school kitchens and staff capacity to better prepare, store, and serve whole, healthy foods in alignment with the Make America Healthy Again priorities.

2. Contribute to design, implementation and promotion of FIM programs and referrals

- Develop a communications plan to systematically identify, recruit, and refer potential patients from within the community to FIM interventions/programs.
- Work closely with existing FIM programs to provide referrals to food assistance programs, culinary education programs, food outlets, and retailers for healthy foods, etc.

3. Collect data, evaluate impacts, and provide support

- Support stakeholders with developing and incorporating a monitoring and evaluation analytical framework into individual FIM interventions and related community-supported activities.
- Provide organizational support for grant writing that includes evaluation and monitoring.
- Form partnerships with academic institutions and hospitals to collect data on patients referred to community programs (culinary and nutrition education, physical activities).
- Analyze data and disseminate outcomes.

4. Advocate

- Disseminate findings on the benefits of FIM including health outcomes, reductions in health care costs, and economic impact to relevant audiences (e.g., research, policymakers, and practitioner communities) through various communication channels (publications, reports, fact sheets, social media, briefings/presentations).
- Educate stakeholders and local, state, and federal policy makers about FIM and how it benefits communities of interest.
- Seek and advocate for long-term funding at the local, state, and federal levels to support sustainability of FIM.
- Advocate for interventions that change the environment and policies to sustain healthy food intakes throughout a community and institutionalize healthcare systems' focus on healthy food.

Examples of Successful Public Health-Health Care FIM Collaborations

State and local public health departments are advancing public health-clinical FIM collaborations through existing programs. Sample case studies are noted below.

1. The Healthy Opportunities Pilot (HOP) program at the North Carolina Department of Health and Human Services leveraged Medicaid section 1115 demonstration waivers plus federal grants to connect health plans with community-based service organizations throughout 33 predominantly rural counties to deliver food and other services and prevent recipients from becoming sicker or using more expensive kinds of care, saving as much as $1,020 yearly for each Medicaid beneficiary.[10] This program has lost funding.[11]
2. The Teaching Kitchen Collaborative connects more 60 organizations and companies and 260 professionals to enhance FIM through in-person and virtual practical learning in nutrition, cooking, mindfulness, and wellness in communities ranging from rural clinics to K–12 schools and university campuses and through collaborations with SNAP and WIC that benefit marginalized populations.
3. The Indian Health Service Produce Prescription Pilot Program supports access to fruits, vegetables, and traditional foods in five tribal organizations through food box delivery and grocery vouchers that promote food sovereignty, cultural relevance, and through collaborations with tribal health institutions, local farmers, and the Special Diabetes Program for Indians.
4. A pilot FIM program in Atlanta, Georgia, using a whole-food, plant-based intervention with nutrition education, cooking classes, and produce pickups fostered improvements in energy, mood and health for food insecure participants with uncontrolled diabetes and hypertension and brought lasting behavioral changes for them and their children.[12]
5. Two sustainable FIM interventions within a food pantry at a health clinic in Dallas, Texas significantly reduced program MTG costs and also provided coaching over four months to empower low-income patients to engage in steps necessary to achieve and sustain improved nutrition, especially reduced sweets and higher fruit and vegetable intake.[13]

[10]Berkowitz, S.A., Cené, C.W., Fiscella, K., Meador, M., Seligman, H.K. and DeFriese, G. Medicaid Spending and Health-Related Social Needs in the North Carolina Healthy Opportunities Pilots Program. *JAMA* 333, no. 12 (February 27, 2025): 1041–50. https://doi.org/10.1001/jama.2025.1042
[11]Baxley, J., Hoban, R. and Vitaglione, G. Healthy Opportunities Pilot Told to Prepare for Program to Shutter July 1. *North Carolina Health News*, June 3, 2025. https://www.northcarolinahealthnews.org/2025/06/03/funding-cut-for-healthy-opportunities/
[12]Peres-da-Silva, N., Hoover, A., Brantley, E. and Williams-Livingston, A. Evaluation of a Food as Medicine Program in Southeastern U.S.: Perspectives by Food Insecure Participants with Uncontrolled Diabetes and Hypertension and Program Providers. *Journal of the Academy of Nutrition and Dietetics* 124, no. 10 (October 2024): A36. https://doi.org/10.1016/j.jand.2024.08.038
[13]Albin, J., Leonard, T., Wong, W., Siler, M., Haskins, C., Turcios, J., Pruitt, S.L. and Bowen, M., Pezzia, C., Ford, A., Schinzer, B., and Hollis-Hansen, K. Providing Medically Tailored Groceries and Food Resource Coaching Through the

6. The Families Anchored In Total Harmony's (Faith CDC) state and philanthropy funded FIM program in Northwest Indiana is a partnership with local urban farmers, 7 health systems/centers, and private physicians that provides medically- and culturally-tailored meals, health education and assessments to individuals with cardiovascular disease and has found improved dietary habits, facilitated weight reduction, stabilized blood pressure, and reduced cardiovascular medication dosage. This program recently released the documentary *Nourishing Lives: The Power of Food Is Medicine.*[14]
7. A pilot Produce Prescription Program of South Central New York (PRxSCNY) collaborates with healthcare providers to improve fruit and vegetable access and consumption, food security, and health outcomes among low-income, medically-vulnerable participants from 9 rural counties by creating affordable access to local produce via vouchers or community-supported agriculture (CSA) subscriptions as well as nutrition and cooking education.
8. The Food Resource Navigators (FRNs) Pilot Program, as part of Fairview's Fair Table FIM Initiative, connects patients experiencing food insecurity through provider referrals to tailored resources including Fairview's food programming, clinical supports, and local and national resources.
9. Harris Health in Texas provides a Food Rx Program, where it is currently piloting an interactive AI chatbot through healthcare providers prescribing and connecting patients to nutritious foods and providing access to individualized health education and counseling that supports patients who are experiencing both a chronic disease and food insecurity.

Food and Nutrition Policies and Environments that Help Sustain Healthy Food Intake

Several organizations have offered policy recommendations to research and fund FIM programs for the purpose of optimizing implementation. The policy recommendations, listed below, emerge from existing policies and discussions with FIM experts and offer a broad context for advancing FIM.

1. Protect access and funding to Medicaid, given the impact of the One Big Beautiful Bill Act (P.L. 119-21), which will also affect the potential for FIM innovation in state Medicaid programs.
2. Reinstate funding for the SNAP-Education program to ensure FIM recipients receive nutrition and culinary education that promotes healthy eating practices to lower risk of chronic diseases for life.

Charitable Food System to Patients of a Safety-Net Clinic in Dallas, Texas: A Randomised Controlled Trial Protocol. *BMJ Open* 15, no. 1 (January 2, 2025). https://doi.org/10.1136/bmjopen-2024-096122

[14]Faith CDC. *Faith CDC Premieres Groundbreaking Documentary on Food Is Medicine and Health Equity in NWI: Nourishing Lives: The Power of Food Is Medicine.* September 9, 2025. https://faithcdcgary.org/news/

3. Protect funding for Gus Schumacher Nutrition Incentive Program (GusNIP), SNAP, and WIC fresh produce incentives, farm to school, and farm to food bank programs that ensure recipients have access to healthy foods and can maintain health while benefiting farmers and food producers.
4. Increase funding for program monitoring and evaluation.
5. Designate a portion of program funds for evaluation based on quality research methods and design, and permit flexibility in meeting this requirement.
6. Develop a mechanism linking research institutions with small intervention programs.
7. Determine the specific audience, outcomes, and strategies that need to be evaluated.
8. Provide technical assistance to organizations seeking to provide FIM projects that permit programs to tailor national or state programs to meet local needs and a variety of cultural, geographic, and economic differences.
9. Advocate for sustainable funding for small and local agricultural and food producers.
10. Explore tax breaks for FIM donations from retailers, growers, business, investors, etc.
11. Incentivize FIM programs that build coalitions and collaborations across public and private entities.
12. Reorient agricultural subsidies to make healthy foods more affordable.
13. Advocate for standards to be adopted by all FIM programs that include nutrition, tracking, specific health outcomes, and cost/benefit factors.
14. Ensure that Medicaid section 1115 waivers for new nutrition initiatives are adjusted for food prices and transportation costs, capacities of communities, geographical limitations (rural organizations), and other cost inflaters.
15. Examine a framework and evaluation platform that considers quality of care outcomes in payments for FIM as preventive care (refer to the Centers for Medicare & Medicaid Services' CY 2026 proposed physician fee schedule that details changes to Medicare payments).
16. Promote continuation of the $5 million HHS appropriations for FIM that help advance Making America Healthy Again across programs in the Office of Disease Prevention and Health Promotion, Indian Health Service, Veterans Affairs, and Centers for Disease Control and Prevention.
17. Request a meaningful increase for the FIM research at NIH and the Office of Nutrition Research that supports fundamental research on FIM.

Conclusion

The healthcare community, payers, and policymakers have broadened their focus to using short-term healthy food interventions as a means to treat and prevent diet-related systemic diseases through FIM interventions. The scientific evidence has shown the feasibility and effectiveness of FIM to improve diet quality, food security, health outcomes, hospital admissions, and costs. Successful FIM programs require effective collaboration between public health and health care entities. The long-term benefits of FIM depend on how well the FIM recipient can sustain dietary improvements. The public health community is critical in ensuring individuals and communities have the resources, knowledge, access, and empowerment to optimize healthy food choices, nutritional practices, and health outcomes to sustain improvements throughout their lives and across generations. Advocating for policy, environmental, and system changes as well as sustained funding for FIM projects and public health programs is essential to viability.

Additional Resources

National Initiatives

1. US Department of Health and Human Services Food is Medicine: https://odphp.health.gov/foodismedicine
2. Medicaid Food Security Network: https://medicaidfoodsecuritynetwork.org/
3. The Rockefeller Foundation: https://www.rockefellerfoundation.org/initiatives/food-is-medicine/
4. National Produce Prescription Collaborative (NPPC): https://nppc.health/about/
5. GusNIP Nutrition Incentives Hub: https://nutritionincentivehub.org/
6. The Food is Medicine Institute at the Friedman School of Nutrition Science and Policy at Tufts University: https://tuftsfoodismedicine.org/
7. Teaching Kitchen Collaborative: https://teachingkitchens.org/
8. Center for Health Law and Policy Innovation (CHLPI) at Harvard Law School: https://chlpi.org/food-law-and-policy/
9. Aspen Institute Food Is Medicine Initiative: https://aspenfood.org/fim/
10. American Heart Association's Health Care by Food Initiative: https://healthcarexfood.org/
11. Bipartisan Policy Center Food is Medicine Working Group: https://bipartisanpolicy.org/press-release/food-is-medicine/
12. UCSF School of Medicine, Nutrition and Obesity Policy Research and Evaluation Network (NOPREN): https://nopren.ucsf.edu/

Research and Evaluation Resources

1. US Department of Health and Human Services, Food Is Medicine, Research and Measurement: https://odphp.health.gov/foodismedicine/research-and-measurement
2. Food and Society at the Aspen Institute, Food Is Medicine Research Action Plan: https://aspenfood.org/fim/
3. American Heart Association, Health Care by Food, Common Measures: https://www.healthcarexfood.org/en/science-of-hcxf/common-measures
4. Nutrition Incentive Hub, Core Metrics, Nutrition Incentive Projects: https://www.nutritionincentivehub.org/resources/resources/reporting-evaluation/core-metrics-nutrition-incentives/participant-level-metrics
5. Nutrition Incentive Hub, Core Metrics, Produce Prescription Projects - https://www.nutritionincentivehub.org/resources/resources/reporting-evaluation/core-metrics-produce-prescription/participant-level-metrics

Equity Resources

1. Open Arms of Minnesota, Cultural Meals Program: www.openarmsmn.org/get-meals/culturalmealsprogram
2. Strengthening US Food Policies and Programs to Promote Equity in Nutrition Security: A Policy Statement from AHA: https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000001072
3. The FED Principle: Transforming Food Is Medicine with Fidelity, Equity, And Dignity: https://fed.wholesomewave.org/
4. U.S. Department of Health and Human Services, Food Is Medicine, Ensuring Access in Food is Medicine: https://odphp.health.gov/foodismedicine/promising-practices-and-tools/promising-practices/ensuring-access-food-medicine

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